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IMS

EXPLORATORY STUDIES ON DRUG ABUSE IN THE ASIAN REGION 1995

Pusat Penyelidikan Dadah dan Ubat-Ubatan
(Centre for Drug Research)
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EXPLORATORY STUDIES ON DRUG ABUSE IN THE ASIAN REGION

1995

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CONTENTS

INTRODUCTION

The Asian Multi-City Epidemiology Study Programme entered its third year in 1996. The Asian Epidemiology Work Group (AEWG), now consisting of 22 cities has been established. A city based surveillance system has been developed in ten cities. These cities are Bangkok, Thailand; Kuala Lumpur, Malaysia; Manila, Philippines; Hanoi, Vietnam; Yangon, Myanmar; Colombo, Sri Lanka; Dhaka, Bangladesh; Kathmandu, Nepal; New Delhi, India; and Islamabad, Pakistan.

AEWG comprises the East and South Asian Work Group. Two biannual meetings were held for each of these two workgroups. During the meetings, the participants reported on the problem of drug abuse in their cities/countries. In addition, training sessions on drug abuse epidemiology, concepts of ethnography and its application in drug-related studies were conducted. Small group discussions were held during to identify critical problems in drug abuse and to use qualitative research techniques for data collection in these research areas.

Qualitative research techniques were found to be suitable for small investigations and exploratory studies in drug abuse as this problem is commonly confined to small and hidden populations. The use of qualitative research methods such as focus groups, indepth interviewing, participant observation and ethnography, facilitates exploratory research in some parts of the area of drug abuse that is still unknown or that which has not been explained well before. Such research methods can also generate large amounts of rich qualitative data in a short time and are highly flexible in being applicable for various settings and purposes. Using these qualitative research techniques, participants worked on common research topics in drug abuse such as prevention, recovery and relapse, drug usage trends, risk behaviours, drug use resiliency, dependent characteristics and demand situations. Detailed aspects were studied and new frontiers were explored in these common areas of research in drug abuse.

This publication presents a collection of the findings of such small investigations. The studies are largely exploratory in nature where specific and emerging issues in the area of drug abuse have been studied using qualitative research methods. These exploratory studies also laid the ground work for further and potential research in drug abuse problems.

This programme has been carried out by the Centre for Drug Research, Universiti Sains Malaysia in conjunction with the Division of Epidemiology and Prevention Research, National Institute on Drug Abuse, National Institute of Health, United States of America. Financial support has been extended primarily by the Bureau of International Narcotic Matters (INM) Department of State, USA while technical support was provided by the Centre for Drug Research, Universiti Sains Malaysia. This programme has also received partial financial support from the Commonwealth Secretariat in London.

PART 1

SOUTH ASIAN STUDIES

A STUDY OF RECOVERY AND RELAPSE AMONG DRUG ADDICTS

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1. INTRODUCTION

1.1 Background

The phenomenon of relapse challenges the understanding of addiction and recovery and the capacities of those helping the drug addicts to respond to both. Even as all treatment programs aim at continuing recovery and prevention of relapse among their clients, relapse prevention attains the first priority for the treatment personnel and those in recovery. Also, relapse is so common that it may be considered almost as a normal event in recovery of an individual.

Similarly, treatment and maintenance are considered different processes or stages in the modification of addictive behavior or recovery of a drug dependent person. Treatment aims at cessation or modification of the drug using behavior and are often externally administered to the client by the therapist, whereas maintenance and continued recovery are procedures often left to the client to "self administer" based on what the client has learnt during treatment.

The aim of this study was to have a better understanding of the recovery process and relapse among recovering addicts from their perspective. It also looks at the drug users' understanding of relapse, and relapse situations they were in.

1.2 Methodology

A questionnaire covering the different aspects to be assessed was developed, pretested with two recovering addicts and modified according to their responses. Although in English, in its final application the questions were asked in Urdu or Punjabi, with the questionnaire serving as a guide. Half of the interview were recorded on audio cassettes, while for the rest the interviewers took notes as the interviewees responded. The total number of respondents was 14 who had from one to eight years of recovery, who also had experienced relapse after six or more than six months of remaining abstinent. For the

purpose of this study, the respondents were asked to relate their experiences of recovery up to the first year. The respondents were contacted through the treatment centers or programs where they had their initial treatment. Six respondents had gone through treatment in a center which provided services for detoxification, counseling, relapse prevention and after care with some elements of self help, while eight belonged to Narcotics Anonymous (NA). Of the eight from NA, five were currently in a half house or a day care program within the halfway house. The respondents were interviewed over the period of one week at centers or the programs they belonged to.

1.3 Acknowledgement

We need to thank,

- the Asian Multi-City Epidemiology Study Group where this study was conceptualized
- Dr. Alfred Pach of National Opinion Research Center at the University of Chicago for providing the background information and guidance for the study
- All the treatment programs staff who helped in the process and the respondents who gave time to be interviewed voluntarily.

2. SUMMARY OF MAJOR FINDINGS

- The total number of respondents were 14, with one to eight years of recovery. Eight belonged to Narcotics Anonymous.
- The respondents' age ranged from 25 - 43 years, with 36% of the respondents between 41 - 43 years.
- All the respondents were male, 57% were living with their families, 36% were living in the treatment center or half way house, and 7% were living alone. 50% were married, while the rest were single or never married.
- Except for one, all the respondents were literate. Six respondents had more than ten years of education.
- Seventy one percent (71%) of the respondents were employed. All had been working full time for the last six months or more. Thirty four percent (34%) of these were currently working as drug treatment counselors, while 25% were self employed. The unemployed respondents were being supported by the families for the time.

- Except for one respondent who had problems with alcohol, all the respondents were chronic heroin users. The majority were poly drug users - 71% had also used alcohol, another 71% charas (cannabis), 43% mandrax (methaquaolone), and 36% had used bhang (a liquid cannabis preparation) at one time or another. Fifty percent (50%) of the respondents had also used drugs in combination. The most favorite combination was heroin and charas. All the heroin users were "chasing the dragon".
- The treatment attempts of the respondents range between 2 - 20 times. Twenty one percent (21%) had 3 treatment attempts, similarly another 21% had 20 attempts.
- Family pressure was one reason invariably cited by all respondents for quitting drugs. Other reasons included physical and financial problems. It seems that all the respondents had to hit a level of rock bottom (which differed in its intensity for each), before the realization came for them to seek treatment.
- It is interesting to note that a majority of respondents did not enter a treatment program to go into recovery or be abstinent. Their motive was to get away from the current crisis. It was the treatment program which actually made a difference for them.
- For the majority of respondents, for the first month of abstinence, they went into isolation or hiding from the outside world. This was the time they spent inside their home, in seclusion, trying to come to grips with reality, keep themselves busy, or remained in a treatment center to help other drug addicts.
- In the next six months, the respondents seemed to be coming out of their isolation, trying to develop contacts with the outside world or trying to make up with their families, and to work on their spirituality.
- The next six months to one year is characterized by strengthening the gains in the earlier six months in improving self, helping other drug addicts, building a daily recovery plan and making new social networks.
- The problems faced during the first month of recovery included craving, confusion, lack of sleep and physical problems like body aches.
- The next six months were characterized by problems of readjustments in the family, developing new social networks, or finding a job for financial stability.

- In the next six months to one year, the respondents had major problems of reconciling with their fear of relapse, of anxiety of responding to an offer to use drugs by friends, and making adjustments to new social networks.

- Regarding their understanding of relapse, 57% of the respondents said that use of any substance at any occasion will be considered or result in relapse.

- Ten (10) out of 14 respondents could relate a relapse situation which had occurred in their lives after six more than six months of recovery. For the majority, it was either stress, wanting to get out of a painful situation, trying to feel good, enjoy, or meeting old drug using friends which lead to their relapse. However, in all the cases, something had been going on earlier in their lives which set the trigger, and they sought drugs.

3. CONCLUSIONS

Following are the lessons that were reinforced after doing the study:

- involvement in healthy and positive activities and learning to enjoy them helps in recovery

- helping recovering addicts or being part of a self help group helps to continue recovery

- awakening of spirituality, practice of religion helps in maintaining recovery

- support and understanding of the family is crucial for recovery

- abstinence from all mood altering chemicals is necessary for recovery

- knowing the problems one will go through in different phases of recovery, high risk situations and coping skills makes maintenance easier.

In light of the above, there is a need to focus on:

- As a pretreatment measure, helping drug addicts to look at the disadvantages of using drugs and helping them to realize going in for treatment.
- Providing opportunities for the clients to reflect upon self, past behaviour, involvement in self help group and helping other recovering addicts.

- Introduction and building relapse prevention within treatment programs as an important element.

- Education, understanding and involvement of family in the treatment and recovery process.

- Understanding of recovery and the different phases a recovering addict will go through in recovering, both for the 'therapist' and the 'client'. For the client to anticipate high risk or "trigger" situations, planning and learning to cope with such stressful situations.

- Helping clients develop daily recovery plans and routines. Efforts to strengthen the pirituality of the recovering addicts.

4. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

4.1 Age Marital & Residential Status

The respondents' age ranged from 25 - 43 years. Thirty-six percent (36%) of the respondents were between 41 - 43 years, 29% between 25 - 30, 21% between 31 - 35 years and 14% between 36 - 40 years.

TABLE 1

AGE GROUP

Age	%
25 - 30	29
31 - 35	21
36 - 40	14
41 - 43	36

All the respondents were male, 57% were living with their families, 36% were living in the treatment center or half way house, and 7% were living alone. Half of the total number of respondents (50%) were married, while the rest were single or never married.

4.2 Number Of Years Of Education

Forty three percent (43%) of the respondents had more than 10 years of education. Within this group 1 had Masters, 3 were graduates, and two upto 12 years of education.

TABLE 2

YEARS OF EDUCATION

Years of Education	%
Zero	7
1 - 5	21
8 - 10	29
More than 10 years	43

4.3 Occupational And Support Status

Seventy one percent (71%) of the respondents were employed, while 29% were unemployed. Out of the unemployed half were working as volunteers in treatment programs, thus working on their own recovery as well. The period of employment for the "employed" ranged between 1 year to 22 years. Seventy percent (70%) of this group had been employed between 1 - 4 years.

The unemployed respondents were being supported by their families for the last six months or more. The major employment categories of the employed respondents were,

TABLE 3

EMPLOYMENT CATEGORIES

Occupation	%
Sales	8
Skilled	8
Clerical	8
Unskilled	17
Self employed	25
Drug treatment counselor	34

Thirty four percent (34%) of the respondents were currently working as treatment counselors in the program, while 25% were self employed.

5. DRUG USE

Except for one respondent who was an alcoholic, heroin was the major drug for which the respondents had sought treatment. The period use of heroin ranged from 4 - 15 years. The drugs which the respondents had used at different times in their life are tabulated below.

TABLE 4

DRUG USE HISTORY

Drug	Used %	Age when first used	Life time used (years)	Method of use
Alcohol	71	14 - 34	3 - 17	Oral
Opium	29	15 - 30	Irregular use	Oral
Heroin	93	15 - 30	4-15	tin foil
Pethidine	7	21	4 months	I / V
Charas	71	13 - 22	4 months - 15 years	Smoking
Bhang	36	13 - 22	Irregular use	Drinking
Valium	14	20 - 28	3 - 6m, irregular use	Oral
Mandrax	43	15 - 28	6m - 1 year	Oral
Cocaine	7	25	1 year	Snifing
Buprenorphine	7	24	3 - 4 months, irregular use	I / V

The major drugs that the respondents had used in their life include heroin (93%), alcohol (71%), cannabis (71%), Mandrax (methaquolone) (43%) and bhang (36%).

Fifty percent (50%) of the respondents had used charas as their first drug. The age of first drug use varies from 13 - 22 years, whereas 36% had used alcohol as their first drug. The youngest among this group had started using alcohol at the age of 14 years.

Another 50% of the respondents had used drugs in combination. Seventy one percent (71%) had used charas and heroin as combination, while the other combinations were alcohol and valium, heroin and mandrax, and heroin, opium and charas.

6. TREATMENT HISTORY

The treatment attempts of the respondents ranged from 2 - 20 times. Twenty one percent (21%) had 3 attempts of treatment, similarly another 21% had 20 attempts, 14% had six attempts of treatment. All had tried self detoxification more than one time in their attempts. The period of abstinence (earlier than current recovery) for the respondents ranged from a few weeks to 8 years. For 58% of the respondents their period of abstinence was under one year.

6.1 Circumstances For Quitting

Family pressure was one reason invariably cited by all respondents for quitting drugs. Other reasons given were, physical problems, financial problems (having no money to support drug use), rejection or having been thrown out of the house, on the street, seeing other drug using friends dying or in bad shape and legal problems.

It seems that all the respondents had to hit a level of rock bottom (which differed in its intensity for each), before the realization came for them to seek treatment.

It is interesting to note that a majority of respondents did not enter a treatment program to go into recovery or be abstinent. Their motive was to get away from the current crisis, i.e., family pressure, financial problems, or physical problems resulting out of drug use, or to learn to control their drug use. It was the treatment program which actually made a difference for them and created a desire in them to continue their abstinence, sobriety or recovery.

Two respondents had fearful experiences which made the difference for them. One had been sent to jail by his family and the tough conditions in the jail were the turning point for him. The other went to a treatment center, which relied on torture to make people abstinent. The drug users were locked up with mentally ill patients. The agony of living with those patients, as well as the physical abuse and torture made this client see the end of world for himself. He escaped from the center and entered into a long term treatment program.

6.2 Steps Taken To Remain Abstinent

6.2.1 First Month

For the majority, during the first month they went into isolation or hiding from the outside world. This was the time they spent inside their home, in seclusion, trying to keep themselves busy, working on their resolution to remain drug free, or within a treatment center (as extension of their stay) helping other drug addicts, and reflection on self, past behavior and future.

The activities respondents involved themselves in during the first month to remain abstinent were:

- involving self in activities with other recovering addicts
- spending more time with the family
- looking at religion and spirituality for support
- recalling the torture and the bad time experienced during drug use
- looking at others in recovery, and reminded themselves of their past situation
- sought support from the spouse or another helping hand to continue recovery

- concentrated on the program or strictly followed the program, to learn more about self, and recovery
- reading, general or about recovery
- thinking about self, past behaviour and future

6.2.2 For The Next Six Months

In the next six months, the respondents seem to be coming out of their seclusion or isolation and trying to develop contacts with the outside world or try to make up with their families. Some of the things mentioned by the respondents are:

- tried to enjoy working with recovering addicts, helping other drug addicts during withdrawals, and entry into program, and increased contact with self help group
- working to improve health, ways to keep busy and thoughts away from drug use
- working to avoid company of drug using friends, and situations
- travelling with a preaching (religious) party, continuing on developing spirituality
- learning to accept self and others, concentrating more on self improvement
- trying to make new social contacts and clean friends
- being more responsible in life, especially at home
- getting job, or focusing on finding job, working overtime
- developing a routine in life
- establishing relations with family, spouse, atoning for past

6.2.3 Six Months To One Year And Onwards

This period is characterized by strengthening the gains in the earlier six months in improving self, helping other recovering addicts, and making new social networks. The steps taken by the respondents during this period include:

- improving self, continue helping other addicts
- disciplining self, trying to bring peace in life
- involvement in family life, remain with family during free time
- working out a daily recovery plan
- regular prayers, involvement with a religious group, working on spirituality
- remembering bad times during addiction to overcome occasional craving
- sharing with others, especially when faced with problems
- changing environment
- avoiding drug using company
- reading of self help material
- working on job

6.3 Problems

6.3.1 During The First Month

The first month was characterized by craving, confusion, lack of sleep and physical problems like body aches. The major problems faced by the respondents during this periods are:

- craving
- uncertainty
- lack of sleep
- physical weakness
- pain and aches
- getting to grip with reality
- trying to control emotions, especially anger
- irritability
- low self esteem
- lack of confidence in self
- mistrust by the family
- adjustments in the family
- fear of rejection by others
- loneliness
- missing something in life (drug)

6.3.2 For The Next Six Months

This preriod was characterized by problems of readjusting in the family, developing new social net works, or finding a job for financial stability. Some of the problems faced by the respondents during this period include:

- relations with family, reintegration with the family, mistrust by the family, continued nagging, and asking for reassurances
- utilizing free time available
- financial crisis, looking for a job
- peer acceptance
- haunting of past memories
- emotional crisis, inability to control or express emotions
- continuation of physical problems, body aches, sexual performance
- stress

6.3.3 From 6 Months To One Year

During this period, the respondents had a major problem reconciling with their fear of relapse, of anxiety of responding to an offer to use drugs by friends and making adjustments to new social networks. Some of the problems listed by the respondents are:

- fear of relapse, meeting old drug using friends or links, keeping guard of self
- adjusting to new life style, disciplining self, job compliance and stability
- relations with family deteriorating, family mistrust, lack of understanding of recovery needs by the family, making up to family and wife
- irritability, inability to control emotions
- confusion and putting together different aspects of life
- making new clean friends, fear of rejection
- trying to find pleasure in daily living and getting over stress of daily struggle
- finding job, place to live, meeting financial needs, overwork

7. RELAPSE

7.1 Understanding Of Relapse

Regarding their understanding of relapse, 57% of the respondents said that use of any substance at any occasion will be considered or result in relapse. The rest thought that one does not relapse after one dose, they cited 1 - 5 days of regular use of drugs to be considered as relapse. One respondent said that regular use of the drug of choice for more than one day would be considrerd as relapse.

7.2 Relapse Situations

Ten (10) out of 14 respondents could relate a relapse situation which had occured in their lives after 6 or more than six months of recovery. For the majority, it was either stress, wanting to get out of a painful situation, trying to feel good, enjoy, or meeting old drug using friends which lead to their relapse. However, in all the cases, something had been going on earlier in the lives of the respondents which set the trigger, and they sought or asked for the drug. Some of the situations are listed below:

- Had a legal case for drug trafficiking, got 5 years imprisonment, it was Eid day, everyone was celebrating, was himself feeling depressed, sought a friend, and asked him for heroin, felt relaxed.

- Had a lot of stress because of family quarrels, went outside, met drug using friends, they offered the drug, had goose flesh, blood rushing on seeing heroin could not resist, and used.

- Was having sleep problems, started using tranquilizers, moved on to charas to relax, and after a few days had a stong urge to smoke heroin, could not resist it, bought the drug from a contact and smoked and continued using.

- Had a feeling of rejection, mistrust by the family and rejection from the girl friend, felt isolated, depressed, restless, stress, every effort looked useless, decided to use heroin, went out to buy and used.

- Feeling good and confident, wanted to enjoy a celebration in the family, met a friend and asked for something to enjoy, he offered heroin, and used it.

- Had no job, struggling for everything in life, living alone for three months, people not understanding, depressed and anxious, wanted to get out of the situation, knew friends who used alcohol, wnt to them and drank, later sought heroin and smoked, felt good and relieved.

- Was occasionally using alcohol as a substitute with a peer group recovering from heroin, an old contact wanted bulk quantity of heroin, volunteered to supply to make extra money, bought for him and kept some out of it for no reason. Later was alone, bored, and tired, used to relax with the thought that he could control his heroin use.

- Was having thoughts of using alcohol, had an argument with wife, and as an excuse used alcohol.

STUDY OF INJECTING MORPHINE USERS IN A VILLAGE IN PUNJAB

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1. INTRODUCTION

1.1 Background

According to the National Survey on Drug Abuse conducted in 1993, there were an estimated 3.01 million chronic drug users in Pakistan. The survey also indicated a small number of heroin injecting users (1.8%) in the Karachi area. Similarly, a number of treatment centres were reporting injecting users of various drugs coming in for treatment. A similar trend was observed in a treatment centre in Rawalpindi where increasing number of morphine injecting users were coming in for treatment. All the morphine users were from same locality / villages in Tehsil Malakwal, District Mandibahauddin, in central Punjab. However, a number of professionals in Pakistan do not acknowledge injecting use as a threat, and claim this trend to be in isolated pockets.

With the threat of HIV / AIDS already in the region and injecting use being one of the potent way of its transmission, we decided to monitor this trend and conduct a study in the village Bosal Sukha form where the majority of morphine users were coming in for treatment in Rawalpindi. However, this project could not be materialized for a year. A further impetus to this project was given in January 1995 during the meeting of Asian Multi City Work Group, held in Penang, Malaysia.

During the meeting the ethnography and ethnographic research was introduced as a method of data collection and small projects to be undertaken in respective countries were discussed. The study of morphine users in Bosal Sukha was taken as the project for Pakistan. The purpose of this study was to assess,

- the number of morphine users in the area
- demographic data of the drug users
- their drug use pattern
- history of drug use
- how and why morphine and intravenous drug use was indroduced in the village

- knowledge, attitudes and practices among the respondents regarding injecting use (sharing of needles, needle cleaning, etc)
- knowledge, attitudes and practices regarding sexual behaviour
- knowledge, attitudes and practices regarding HIV / AIDS
- probe on issues on follow up (need for a harm reduction program, treatment etc.)

1.2 Methodology

A questionnaire covering the different aspects to be assessed was designed, pretested with three injecting users who had come in for treatment in Rawalpindi, and modified according to their responses. The questionnaire consisted of both close and open ended questions. The questionnaire is attached as Annexure. Although designed in English, in its final application the questions were asked in Punjab the local language, with the questionnaire serving as a quide. An NGO Anjuman Nowjawanan Falah o Behbud working in the area and involved with development work in the area , as well as drug awareness creation activities, was contacted to identify drug users and make other arrangements for the study. The respondents who were interviewed were volunteers from the drug using population. The total number of morphine users interviewed were ten, and the interviews were conducted at different places in the village at different times (some of the interviews were also conducted at night). We also made an efffort to spend as much time as possible with each respondent before and after the interview to familiarize [illegible] and discuss general issues regarding life and what we did. Similarly, we also had separate focus group discussions with araound ten community elders and leaders and representartives of our host NGO. We spent about two days in the village.

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A Last Word

We (the authors) have had no formal training in research methodologies, ethnography, or sociology. This is the first project of its kind that we have undertaken. So, any shortcomings in the methodology, report or analysis of data may kindly be overlooked as endeavour by novices.

2. DEMOGRAPHIC PROFILE OF THE VILLAGE

Village Bosal Sukha and Bosal Masur are two adjoining villages in Tehsil Malakwal, District Mandibahauddin, in central Punjab. Punjab is the largerst (with 60% of the population) of the four provinces in Pakistan. The total population of the two villages according to community leaders is around 11,000 out of which 5,000 are estimated to be females and 6,000 males. The age group distribution in the villages was not known. The people residing in the village are Punjabi - Gondals and Jats.

According to commmunity leaders, 40% of the males in the village are literate, with the majority (60%) having primary education. The literacy rate among females in the villages in estimated to be around 3%.

Most of the people in the village are engaged in agriculture with 60% owning land and rest working as tenants. Over the period, the land holdings have become smaller, and people are seasonally employed so they look for other employments in nearby towns, cities or abroad. The major cash crops grown in the village are cotton, sugarcane, and oranges. The other occupations in which people are employed are small businesses-cloth, grocery, building materials, dairy (supplying milk to nearby towns and cities), brick klins, etc. Some residents of the village are also employed in government service.

There is one higher secondary school for boys, 2 primary schools for boys and one primary school for girls. There are two private schools (up to 8th class) in the village.

There are no proper health facilities in the village. Recently a Basic Health Unit (BHU) was constructed, but no doctor has been appointed by the goverment. There is only one dispenser in the BHU who was giving medicines to people. There are five registered Hakims (practioner of traditional medicine, who also prescribe combinations of allopathic medicine). There are six medical stores in the village. The owners of these medical stores (although not formally trained as pharmacists) also prescribed medicines to people.

The houses built in the village are small (some built with mud and some with bricks), with the average household size coming to 10. The per capita income according to

community leaders is estimated to be Rs.1,500. The alleys are brick laid, with drainage and garbage collection system installed in some places. The total number of morphine users, as estimated by community leaders and respondents was around 100.

3. SUMMARY OF MAJOR FINDINGS

There are an estimated 100 male chronic morphine users in the two villages. According to community leaders there are also 5 - 10 female morphine users. The community leaders and the morphine users were of the view that morphine was being used primarily by young people ranging between ages of 18 - 30 years in the village.

The total number of respondents interviewed during the study were ten. All the respondents were male. Their ages ranged from 22-36 years. Eight respondents were married, one was divorced and one separated from his wife. All were living with their famillies (joint family).

Eighty percent (80%) of the respondents were literate with education ranging from 6 - 10 years.

Forty percent (40%) of the respondents were currently employed, while the rest had been employed at one timd or another. Fifty percent (50%) of the employed respondents were related to sales. All the employed respondents were working full time, while the unemployed respondents depended on their family for support.

During the past one month the monthly income of the respondents ranged from Rs.1,500-3,000.

All the respondents were injecting morphine. All had been injecting for the previous 30 days as well as the previous one year. Morphine was the drug of choice for the majority.

Other drugs that the respondents had used besides morphine were alcohol, opium, heroin, charas, sosegon and other sedatives available from the local drug stores.

Except for one respondent, all had been using other drugs before they started morphine use. Sixty percent (60%) of the respondents had had been using alcohol prior to morphine use.

The age at which the respondents were introduced to morphine ranged from 18-32 years.

All the respondents were introduced to morphine by another person whom they had known for some time. None of the respondents was high on other drugs during the time they intiated morphine use.

Sixty percent (60%) of the respondents had no hesitation about initiating morphine. Ninety percent (90%) of the respondents were influenced by their friends / peer pressure to use morphine.

Eighty percent (80%) of the respondents were injected morphine by someone else. Forty percent (40%) had someone inject them for a period of one year before they themselves learnt to inject.

All the respondents thought that morphine use was increasing in the area.

In the previous six months, 60% of the respondents had not used syringes used by someone else. However, occasionally, they picked up syringes discarded after use by local medical practitioners.

Forty percent (40%) of the respondents had used syringes used by another morphine user in the previous six months as well as past 30 days. Rinsing with plain water was the only method being used to clean syringes.

Regarding using brand new syringes, all the respondents said that they had used brand new syringes for less than half the time they had injected drugs in the past 30days. However, the respondents said they preferred to buy a new syringe once a day.

Eighty percent (80%) of the respondents were injecting drugs while they were alone. Sixty percent (60%) used morphine half the time at their home and half the time in an open place or at place of their work.

Currently, all the respondents were daily users of morphine. The frequency of use ranged from 2 -3 times a day , with 3 - 4 tablets used per injection.

The monthly expenditure of the respondents on drug use including morphine ranged between Rs.600 - 2,000. Sixty percent (60%) were spending between Rs. 1,000 - 1,500.

Forty percent (40%) of the respondents said that they were paying more now for morphine as compared to the previous year. Eighty percent (80%) said that the quality of morphine tablets had gone down (different brands available).

Regarding not using morphine in the pervious one week, 80% of the respondents continued use during the whole week.

During the preceding year all the respondents, at one time or another had tried or decided to stop using morphine.

Sixty percent (60%) of the respondents did not have a main source for buying morphine. They bought from wherever it was available during a particular day.

Regarding the last time the respondents could not buy morphine, 40% said they were always able to get morphine, 40% said it was one year since they couldn't buy. All who could not buy used another drug to get through the experience.

The respondents and community leaders said that morphine was introduced around 1980 by a self taught medical practitioner in the village. The 'doctor' prescribed morphine alone and / or in combination with other drugs to his patients for a variety of ailments. The doctor had died a year ago, but other people had carried on the trade.

A respondent said that morphine was brought from Lahore. Nobody knew about the origin of morphine (morphine is not legally manufactured in Pakistan).

Except for one, all the respondents said they were facing financial problems supporting their morphine use as well as food and housing. Majority of the respondents relied on family or friends when they were out of money.

All the respondents said they had no choice over when to use or not to use. They just had to use it to feel normal. The average interval between each dose was 8 hours.

All the respondents said thay felt they were strongly addicted to morphine, 40% said they could not quit morphine, while 60% said they could quit if other drugs were made available to them.

All the respondents wanted to quit injecting morphine. Except for one, none had been in any kind of treatment.

Regarding Knowledge And Attitude Concerning Intravenous Drug Use

All the respondents considered injecting use of drugs bad for health. Fourty percent (40%) considered that intravenous drug use did not predispose one to HIV / AIDS especially if the person used clean syringes. None of the respondents had ever transfused blood or had tattoos.

Concerning Sex And Sexual Diseases

All the respondents had sexual intercourse, 80% had their first experience between the ages of 17 - 22 years . Eighty percent (80%) had a regular sex partner which in all the cases were their wives. All the respondents emphatically replied that they never had

sexual intercourse with commercial sex workers. However, later some of the respondents (40%) admitted that they had had premarital or extramarital sex but not necessarily with commercial sex workers. Eighty percent (80%) considered having multiple sex partners could predispose one to sexually transmitted diseases, while 60% thought that homosexual intercourse predisposed one to STDs. Only 20% of the respondents said they were currently using condoms, 40% were not, and 40% refused to give any answer. About 80% of the respondents did not know if condoms could protect one from sexually transmitted diseases and 20% of the respondents had been diagnosed of having STDs.

Regarding HIV / AIDS

Eighty percent (80%) of the respondents had heard about HIV / AIDS. Interestingly this was the same group which was literate. The source of information for this group were primarily the newspapers and magazines available locally. All the respondents who had information about AIDS, considered HIV / AIDS could be transmitted by heterosexual intercourse. Seven respondents said it could be transmitted by homosexual intercourse. All respondents thought HIV / AIDS could be transmitted by blood transfusion, and by intravenous drug use if they were using other peoples' syringes.

Concerning Transmission Of HIV / AIDS By Other Means

About 50% respondents thought it could be transmitted by hugging, kissing or body massage by an infected person. They said that one had to keep out of touch with an infected person. Seventy five percent (75%) of respondents did not know if HIV / AIDS could be transmitted by masturbation, while 25% thought that it could be transmitted by masturbation by an infected person. All thought that HIV / AIDS could be transmitted by sharing needles, while none knew it could be transmitted by tattooing. All the respondents said they could safeguard themselves from AIDS by having single sex partners. Fifty percent (50%) did not know if using condoms could safeguard one from HIV / AIDs infection. Twenty-five percent (25%) thought that cleaning needles could safeguard from HIV/AIDS (but the only method they were using was rinsing their syringes with plain water). None of the respondents had been tested of HIV/AIDS , while six were willing to be tested. Corcerning their views if AIDS was preventable, 75% thought it was preventable if they kept away from 'bad women' or infected people.

4. CONCLUSIONS

Some of the conclusions from the study are,

- There is a need for a program to educate the drug users on harm reduction principles especially regarding proper sterilization of syringes, needle exchange, information about HIV / AIDS, and clarification of some of the misconception regarding sexual behaviour and HIV / AIDS among the drug users.

- Since most of the respondents wanted to quit morphine, there is a need for a local treatment program. This treatment program could also cater for the treatment needs of drug users in surrounding villages. The local NGO did agree to start a treatment program, but they would require training to develop and implement such a program.

- There is a need for a drug education / awareness program for the general public. This may include, beside other elements, educating people regarding effects of different drugs, rational use of drugs as well as alternatives to some of the ailments (stress, tension, anxieties) for which people seek medical help, or rely on medicines / drugs.

  There is one risk involved in such a program, since there are no qualified doctors in the area with few proper medical facilities available. This may affront local medical practitioners (quacks) that whoever is running a drug prevention program is taking away their clients, and may adopt counter measures to a drug prevention program.

- We need to watch out for similar trends arising in other parts of the country. This becomes imperative in situations where there is,

  - lesser availability of heroin (strict law enforcement)
  - adulteration of street heroin to meet the demand or otherwise (as currently happening)
  - absence of accessable, affordable treatment programs that are available to drug users, and
  - the desire of drug users to get better 'highs'

These factors alone or in combination may result in the drug users shifting to injecting drug use - heroin and / or other psychotropic substances that are cheaper (than heroin) and readily available in the market.

5. DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

5.1 Age, Marital & Residental Status

The respondents' age ranged from 22 - 36 years, with 40% of the respondents between 22 - 25 years, 40% between 26 -30 years and the rest 20% between 31 -36 years.

TABLE 1

Age	(%)
22 - 25	40%
26 -30	40%
31 -36	20%

All the respondents were male, living with their families (joint families). Eight married, ne was divorced and one was separated from his wife (wife had left home and living with her parents)

5.2 Number Of Years Of Education

About 20% the respondents were illiterate, 40% had education from six to eight years, and another 40% had upto ten years of education.

TABLE 2

Years of Education	(%)
Zero	20
6 - 8	40
8 - 10	40

5.3 Occupational And Support Status

Some 40% of the respondents were employed, while the rest were unemployed for period ranging from 6 months two years. However, those who were currently unemployed had some kind of job at one time, but could not keep it due to their drug use. The major occupational categories of the respondents were,

TABLE 3

Occupation	%
Sales	50
Skilled	20
Unskilled	20
Transport	10

All the respondents were self employed.

All of the employed respondents were working full time to support themselves. Out of these one was even working overtime for the last six months to keep up with his drug use and support his family, which he was finding increasingly diffficult to support. The rest (60%) of the respondents were being supported by their families.

During the past month, the monthly income of the respondents ranged from Rs. 1,500 to 3,000. One respondent did not know (or diclose) his total income. All the respondents claimed their income to be from legal sources.

TABLE 4

Income	%
1500 - 2000	40
2001 - 3000	50

6. DRUG USE

All the respondents were injecting drugs. All had been injecting for the last thirty days as well as last one year. Morphine was the drug of choice for all. The second most used drug s were Charas (Cannabis) opium and other sedatives.

The other drugs that they had used besides morphine were alcohol, opium, heroin, charas, sosegon, and other sedatives - diazepam, darvin, methadine, avil (names recorded as given by respondents). The breakdown within the respondents is tabulated below,

TABLE 5

Drug	If used	Age when first used	Use in last 7days	Use in last 30 days	Felt dependent	How used
Alcohol	60%	15 - 26	nil	nil	20%	0rally
Opium	60%	22 - 30	10%	5 days	10%	Orally
Heroin	40%	18 -21	nil	nil	20%	tin foil, and cigarette
Sosegon	20%	25 - 30	nil	nil	nil	oral
Charas	40%	16 - 30	nil	nil	nil	smoking
Others methadine avil, diazepam, darvin, etc	80%	21 - 34	nil	nil	nil	oral, injection

About 60% of the respondents had been using alcohol, 20% charas, and 10% opium before they started using morphine.

Some 20% of the respondents were currently using drugs in combination. Some of the combinations that were being used were charas, diazepam and avil with morphine. The majority (90%) said that morphine was their favorite drug, while one respondent (10%) said that opium was his favorite drug..

7. MORPHINE USE

The age at which the respondents were introduced to morphine ranged from 18 - 32 years. Around that time 90% had been using other drugs, with the majority using alcohol.

TABLE 6

Age when morphine started	%
18 - 20	40
20 - 25	40
26 - 32	20

All the respondents were introduced to morphine by another person, whom they had known for some time. Sixty percent (60%) of the respondents paid for the drug, while the rest were given free. Some of the reasons listed by the respondents for their using morphine were,

- feeling tired or had aches in the body for long periods
- another friend was using
- opium was not available
- wanted to relax

None of the respondents had been high on other drugs during the time they initiated using morphine. However, one respondent said that he had withdrawals from opium when he first used morphine.

Sixty percent (60%) of the respondents had no hesitation about using morphine, 20% were afraid of needles, 10% were afraid of geting hooked, and 10% used because they felt they had no other choice (as opium was not available).

A large majority, (90%) of the respondents were influenced by their friends / peer pressure to use morphine, while one respondent just wanted to get away from the withdrawals of opium..

Eighty percent (80%) of the respondents were injected morphine by somne one else, while the rest injected themselves. Fourty percent (40%) had someone inject them morphine for a period of one year, while 40% had somebody inject them for 2-3 weeks, before they themselves learnt to inject morphine.

All the respondents said that their friends were using morphine. The number friends ranged from 5 -15.

All the respondents thought that currently morphine use was increasing in the village.

7.1 Morphine Use In Last 6 Months

More than half (60%) of the respondents said that during the last six months they had not used needles or outfit someone else had used. Twenty percent (20%) had used syringes used by others for more than half the time, and 20% for less than half the time.

However, those respondents who did not share their syringes qualified their response by saying that at times they did pick up syringes which the local medical practitioners or pharmacists had discarded after use, but never those used by another morphine user. One respondent said he did not like sharing needles because the other person's germs can

enter your body . Sixty percent (60%) of those who had used other's syringes cleaned about half the time, while the rest 40% cleaned them all the time. All the respondents who had used syringes used by others rinsed it with plain water, and did not use any other method for cleaning their syringes.

None of the respondents shared a cotton with another person, since they were not using cotton during their injection use. Eighty percent (80%) of the respondents said that they had never shared, while 20% said that they shared more than half the time. Another qualifying response the respondents gave regarding rinse water was that it could be water from a tap or a drain whichever was convenient or within reach that they used to rinse / clean their syringes.

7.2 Morphine Use In Last 30 Days

All the respondents were daily users of morphine. The number of injections that they had used in the preceding four weeks ranged from 60 - 120.

Sixty percent (60%) of the respondents said that they did not use syringes used by another morphine user, while 20% said that they had used for about half the time and another 20% said less than half the time they used syringes used by someone else. Of the 40% , 40% cleaned the syringes about half the time, and 60% cleaned them all the time. The method used for cleaning was rinsing the syringes with water.

Regarding using brand new needles or syringes all the respondents said that they had used brand new syringes for less then half the time they were injecting drugs. Each new syringe was used for 2 - 3 times before it was discarded. However, all the respondents said they preferred to buy a new syringe once a day. Syringes were easily available and cost around Rs. 2 per syringe.

Eighty percent (80%) of the respondents were injecting drugs while they were alone, while the rest injected half the time with their friends and half the time alone. About 20% of the respondents said that they always injected morphine at home, 20% always outside in an open place, 60% used it half the time at their home and half the time in an open place or at their place of work.

Sixty percent (60%) of the respondents did not pass a syringe to another person, while the rest passed it for less then half the time to another person. Sixty percent (60%) of those sharing syringes cleaned it all the time, while the rest 40% never cleaned their syringes while passing on to someone else. The method used for cleaning needles was rinsing with water.

Regarding the number of people with whom the respondent shared syringes / outfits in the previous four weeks, 60% said that they did not pass their outfit to anyone, 20% did not know the number of people they had passed it to, and 20% said that they had passed their neeedles to 2 - 3 people. A similar response was given regarding other people passing on needles to the respondents. Corcerning sharing needles with the number of new people in the preceding six months, 60% said that they had shared it with none, and the rest did not know the exact number of new people with whom they had shared their syringes.

8. FREQUENCY OF MORPHINE USE, COST, QUANTITY & PURITY

Regarding frequency of morphine use the time respondents had first started using morphine, 60% used it once a day, 20% more than once a day and the rest 20% for 1-3 times in a month.

In the last six months all the respondents were using daily with the frequency of use ranging from 2 - 3 times in a day. The respondents were using 3 - 4 tablets each time for their injection to get high. Except for one respondent who bought bulk i.e., 100 tablets each time, the rest of the respondents bought it daily depending on the frequency of their use i.e., 2 - 12 tablets per day, with the price of each tablet ranging from Rs. 3 - 5 per tablet. The amount the respondents had been spending on their drug use including morphine ranged from Rs. 600 - 2,000. Sixty percent (60%) of the respondents were spending between 1,000 - 1,500 monthly on their drug use.

TABLE 7

Amount Spent	%
600 - 1000	20
1001 - 1500	60
1501 - 2000	20

Regarding the price, the respondents had to pay for morphine, 40% said that they were paying more now as compared to previous year, 20% said that it was the same, while the rest said that the price fluctuated according to availability or the quality of the drug. A majority of 80% said that the quality of morphine tablets (different brands available now) has gone down while 20% said that it is equally good now.

Regarding not using morphine in the previous one week, 80% said that they continued use during the whole week, 10% had not used due to inability to buy and another 10% did not use in the previous four days since opium was available .

During the preceding year all the respondents at one time or another had tried or decided to stop using morphine. About 40% had tried once, 50% had tried 3 times, while 10% said that they thought of stopping every time they used but were helpess. The period for which they had stopped ranged from 1 - 3 days for 80% while one respondent had stopped for 3 months. All the respondents continued using other drugs - charas, sedatives (orally) - darvin, diazepam, avil, during their period of abstinence from morphine. The reasons given for stopping morphine use were,

- got fed up with the drug
- not available
- not enough money (60%)

The reasons given for starting again were,

- could not control
- got the money (60%)
- could not endure the pain

8.1 Dealer Relationship

Sixty percent (60%) of the respondents did not have a main source for buying morphine, they bought from wherever it was available, while 40% had a main source from whom they most often bought morphine. Out of those who had a main source 40% said that the person was reliable and he always had it. Thirty percent (30%) said that their main source was a friend, and another 30% said that it was convenient / easy to reach their main source. However, they went to someone else when their main source was not available. The period of using the main source ranged from 1 - 4 years.

Out of the 60% respondents who did not have a main source, all had used 2 - 3 different sources in the preceding week. The reason for using different sources was non availability of one or the other source.

Regarding the last time the respondents could not buy morphine, 40% said that they could always buy morphine. Twenty percent (20%) said that one week back, and 40% said last year they could not buy morphine. The reasons given for not being able to buy morphine were,

- dealer out of morphine or police activity hot - 40%
- opium was available 10%
- family did not allow to go out 10%

Out of the 60% who could not buy morphine at any given time, all used another drug to get through the experience.

9. OPEN ENDED QUESTIONS

Note: the information given in the next first five questions in this section were also corroborated in our interview with the community leaders.

9.1 Start Of Morphine Use In The Village

Eighty percent (80%) of the respondents said that it began 10 - 15 years while 20% did not exactly know when morphine use began in the village.

Most of the community leaders said that morphine use had first began around 1980.

9.2 How Morphine Was First Introduced In The Village Or Who First Brought It

All the respondents and community leaders answered that a medical practioner (quack) who had been practicing in the village for over 25 years had introduced it to the people. This quack was a self taught medical practioner, who used to say that it was a precious gift he had brought for the people. He used morphine alone and / or in combination with other drugs for a variety of ailments presented by his patients. One way of his giving morphine was mixing it with B Complex injections, and giving it to patients asking for strength (probably sexual potency), or to relieve stress, tiredness, etc. The doctor himself was a morphine user, and it appears that he used to keep company with other drug users in the village and 'advice' them on use of various substances. Similarly, other members, of his family including sons are also morphine users. The medical practioner died one year ago, but morphine use is continuing, with other people coming on the scene who have caught up the trade. Some community leaders also indicated involvement of local influentials in the morphine trade.

One of the respondents who referred the doctor as "my benefactor" said that he still dreamt of sitting with the doctor. He said "whenever I am low on my dose at night, I dreamt of the doctor coming to me and injecting me morphine and I feel relieved afterwards."

9.3 When First Heard About Use Of Morphine And How

Depending upon the age of the respondents, they had heard about morphine use in the previous 5 - 15 years. Forty percent (40%) of the respondents had friends using morphine. The other respondents used to keep company with the 'doctor' and saw him handling or giving morphine to his 'patients' at one time or another.

9.4 Source Of Morphine

All the respondents and community leaders said that the morphine was being brought to the village from Lahore. Nobody knew from where it came to Lahore. Morphine is not legally manufactured in Pakistan.

9.5 Group In The Village Is Using Morphine

All the respondents sait that morphine was being used primarily by young people ranging between the ages of 18 - 30 years. Some said that it was being used by those who have to do hard work. Other responses were that morphine was being used by disheartened (frustrated) people, or those keeping bad company, having loose characters (indulging in promiscuity). The total number of morphine users were estimated to be close to 100 people. The morphine users and community leaders also said that older people (40 and above) and women (who had been regular patients of the doctor) were also using morphine. The number of women using morphine was estimated between 5 - 10.

9.6 Financial Problems Supporting Morphine Habit

Except for one respondent who said he was not facing any financial problems supporting his addiction, all the respondents said that they were facing problems. Some of the reasons given were,

- had no job, or could not work
- it is expensive and getting difficult to keep up with the expenses
- children and family expenses cannot be met

9.7 Problem Supporting Food Housing, Etc.

Except for one respondents, all said that they had problems supporting themselves. The reasons given were the same as above.

9.8 Source When Short Of Money For Drugs And To Live On

The responses given to this question were,

- always managed
- by taking loan, begging,
- from family and friends (50%)
- sell items from home

9.9 Time When Morphine Was Taken, And Choice Over When To Take Morphine

All the respondents said they took their first dose in the morning, the next at afternoon, and the last at evening / night. All the respondents said that they had no choice over when they had to take. They just had to take morphine at given intervals (which averaged to 8 hours).

9.10 Like About Morphine

The responses given are,

- pleasure (100 %), like there is nothing else in the world
- lightness, reduce fatigue, tension, relief, no worries
- immense power (sexual potency) in the early days of use

However, the respondents said that at this stage, it was not a question of liking and disliking morphine, they just had to take it to feel normal.

9.11 Dislike About Morphine

- syringes, and buying morphine
- bad smell from self / body afterward (60%)
- cannot leave it
- nothing (10%)

9.12 Consider Yourself Addicted To Morphine

All the respondents said they felt they were strongly addicted to morphine.

9.13 Can You Quit Morphine If You Wanted

About 40% of the respondents said they could not quit morphine and 60% said yes they could, if other drugs or tablets (that they could swallow) were made available to them

9.14 Want To Quit Using Morphine

All the respondents said they wanted to quit morphine . The reasons given were,

- expensive, cannot meet expenses (90%)
- worries
- loss of self respect, no respect in the family or in the village

9.15 Been In Treatment

- Except for one respondent, none had been in treatment before.

- The one who had been in treatment self detoxified with the help of another family member, but was not satisfied with it. He said that as long as the "germs" are in his body he cannot get rid of it. Presence of "germs" is the explanation respondents gave regarding craving and urge they experience after abstinence from drugs.

9.16 Kind Of Treatment That Would Help Most

Some responses given are,

- Slow gradual withdrawal, with no pain
- Caring, no harsh treatment
- Proper doctor's treatment to cure the "germs", and someone take care of family and children.

9.17 Hope To Do In Future With Life

Some responses given are,

- Children's study, get married, better future for them (60%)
- Restore business, work (60%)

9.18 What Would Help To Achive

- Some responses given are,
- money / loan (40%)
- family's help, support (60%)

10. INTRAVENOUS DRUGS (Knowledge And Attitudes)

This section deals with knowledge and attitudes of the respondents regarding intravenous use of drugs.

All the respondents said intravenous use of drugs was bad for health. This change in attitude might also have come because in the past 3 months, 5 intravenous drug users had died in precarious conditions, and every respondent talked of them.

Forty percent (40%) said that intravenous drug use does not predispose to HIV / AIDS especially if the syringes used were clean. Another 40% did not know the answer; while the remaining 20% agreed that intravenous drug use predisposes to HIV / AIDS.

None of the respondents ever had blood transfusion, or had a tattoo on their body.

11. SEX & SEXUAL DISEASES

This section deals with knowledge, attitude and practice of the respondents regarding sex and sexual diseases.

All the respondents had had sexual intercourse. A large majority, (80%) of the respondents had their first sexual intercourse between 17 - 22 years. Of these, 60% had their first sexual intercourse between ages of 21 -22 and 20% did not recall the age at which they had their first sexual intercourse.

Eighty percent (80%) of the respondents had a regular sexual partner (who was their wife), while 20% did not have a regular sexual partner.

Sixty percent (60%) of the respondents had one sexual partner (wife) during the previous year, while 40% did not answer the question.

Eighty percent (80%) of the respondents agreed that having multiple sexual partners predisposes one to sexually transmitted diseases. Also, within the same group they were afraid of pregnancis that may result and the ensuing problems the remaining 20% gave their response in negative.

Regarding homosexual intercourse, 60% agreed that it predisposes one to sexually transmitted disease, 20 % said it did not, and another 20% did not know.

All the respondents emphatically said they had never had sexual intercourse with commercial sex workers. However, later some of the respondents (40%) admitted that they had had premarital or extramarital sex but not necessarily with commercial sex workers.

Regarding homosexual intercourse, 80% said they never had an experience, while 20% did not answer the question.

Regarding use of condoms during sexual intercourse, 20% said they were currently using condoms at all times, 40% said they did not use condoms at all, and 40% refused to answer the question.

Forty percent (40%) of the respondents refused to answer if they used condom during sexual intercoourse with commercial sex workers, while 60% forcefully repeated that they never had sexual intercourse with commercial sex workers.

Eighty percent (80%) of the respondents did not know if condoms could protect one from sexual transmitted diseases, while 20% thought it could.

Twenty percent (20%) of the respondents said they had been diagnosed, while 80% said that they had never been diagnosed of having sexually transmitted diseases.

12. HIV / AIDS

This section deals with knowledge and attitudes of the respondents regarding HIV / AIDS.

Eighty percent (80%) of the respondents had heard, while 20% said they had not heard about HIV / AIDS. This corresponds to the literacy level of the respondents. Since those who were literate had read about it in the newspapers or magazines that were locally available.

Regarding Mode Of Transmission Of HIV / AIDS

All the respondents said it could be transmitted by heterosexual intercourse. Seven respondents said HIV / AIDS can be transmitted by homosexual intercourse, while one did not know the answer.

All the respondents thought HIV / AIDS is transmitted by blood transfusion.

Similarly, all the respondents thought that AIDS could be transmitted by intravenous drug use if they were using other people's syringes.

Concerning Transmission Of HIV / AIDS By Other Means

Half (50%) of the number of respondents thought it could be transmitted by hugging an HIV infected person, while 50% disagreed.

Fifty percent (50%) of the respondents though it could be transmitted by kissing 25% did not think so, and 25% did not know the answer.

Half (50%) of the number of respondents though that AIDS could be transmitted by body massage (especially if the other person is infected), while 50% did not think so.

One quarter (25%) of the number of respondents thought that HIV / AIDS could be transmitted by masturbation (by an infected person), while the rest (75%) did not know the answer.

All the respondents said that it could be transmitted by sharing needles, while none knew if AIDS could be transmitted by tattooing.

Regarding Safeguarding One From HIV Infection

All the respondents said they could safeguard themselves from HIV / AIDS by having single sex partners.

Fifty percent (50%) of the respondents did not know if using condoms could safeguard one from HIV / AIDS, while 25% thought it could not. The remaining 25% of the respondents thought that using condoms could safe one from HIV infection.

The majority (75%) of the respondents who answered the section on HIV / AIDS thought that cleaning needles could safeguard one from HIV / AIDS, while 25% did not think it could do so. A similar response was given regarding using separate needles / syringes.

None of the respondents had been tested for HIV / AIDS, 75% were willing to be tested for AIDS, while 25% were not sure.

Regarding the respondents' view if HIV / AIDS is preventable, 25% thought that it was not. Of the 6 who said it was preventable, one agreed unconditionally. Four thought it was preventable if one did not go "near bad women" (commercial sex workers), or keep away from infected people. One respondent said he believed it since this was what newspapers reported.

ANNEXURE

QUESTIONNAIRE

No. _____ Interviewer initials _____ Name _____

A. DEMOGRAPHIC CHARACTERISTICS

1. Age (specify): _____ years

2. Sex: Male ☐ Female ☐

3. Marital Status:
   1. Single/never married ☐ 2. Separated/divorced ☐
   3. Married ☐ 4. Widowed ☐
   5. Other _____

4. Residential status
   Where did you live in the past six months
   1. Living alone ☐ 2. Living with family ☐
   3. Relatives ☐ 4. With friends ☐
   5. No permanent residence ☐ 6. Other specify _____

5. Number of years of education
   1. Zero ☐ 2. 1 - 5 years ☐
   3. 6 - 8 ☐ 4. 8 - 10 ☐
   5. More than 10 years (specify) _____

6. Occupational Status:

a. Are you currently Employed ☐ for how long _____
   Unemployed ☐ for how long _____

b. If employed what is your occupation
   1. Professional ☐ 2. Clerical ☐
   3. Sales ☐ 4. Agriculture ☐
   5. Skilled ☐ 6. Unskilled ☐
   7. Student ☐ 8. Self employed ☐
   8. Other (specify) _____

c. How did you mainly support yourself,

		Last 30 days	Six months
1.	Working full time		
2.	Working part time		
3.	Working odd jobs		
4.	Labor		
5.	Family/friend		
6.	Charity		
7.	Stealing		
8.	Dealing drugs		
9.	Other specify (legal/illegal		

d. In the past month, what was your total income from

	Rs.
All legal sources	
All illegal sources	

B. DRUG USE

7. Do you inject drugs Yes ☐ No ☐
8. Have you injected drugs in,
   1. Past one year ☐ 2. Past 6 months ☐ 3. Past 30 days ☐

9. What drugs do you primarily inject
   1. Specify primary drug _____
   2. Second most used drug _____

10. Besides morphine, have you ever used?

	✓(if yes)	when you first used how old were you?	In the past 7 days how many days did you use	# of days used in past month	Have you ever needed or felt dependent on?	How did you use it?
1. Alcohol						
2. Opium						
3. Heroin						
4. Pethidine						
5. Sosegon						
6. Charas						
7. Bhang						
8. Valium						
9. Mandrax						
10. Cocaine						
11. Petrol or paint						
12. Other specify						

11. What drug did you use first? _____

12. Do you currently use drugs in combinations
a. Yes ☐ No ☐
b. If yes what combination
   1. _____ 2. _____
   3. _____

13. What is your favorite drug or drug combination?
_____

C. MORPHINE USE

14. Think back to the time when you were first introduced to morphine.
   a. How old were you? _____ years
   b. What other drugs had you been using regularly around the time you first tried morphine?
_____

15. Tell me the story of how you first came to use morphine? (Let the participant tell you the story and circle the information as you receive it. If any questions remain unanswered by the end of the story, ask them.)

1. Where first got morphine
a. Sought it out ☐ b. Introduced by individual ☐ Specify relationship _____
2. Used at a party/within large group
Specify relationship _____
3. Paid for it Yes ☐ No ☐
4. High on drugs or alcohol at the time No ☐ (skip to Q. 35)
Yes ☐ Specify _____

16. What factors if any, made you hesitate about first morphine use?
1. None ☐ 2. Afraid of needles ☐
3. Getting hooked ☐ 4. Overdosing ☐
5. Availability/price ☐ 5. AIDS ☐
6. Others (specify) _____

17. What factors if any, influenced your initiation into morphine use?
1. None ☐ 2. Peer pressure ☐
2. Friend ☐ 4. Relative ☐
5. Curiosity ☐ 5. High at time ☐
6. Heard about high ☐ 7. Others (specify) _____

18. Think back to the first time you injected morphine. Did you inject yourself, or did somebody do it for you?
1. Injected self ☐(ask 18) 2. Somebody injected me ☐ (ask A)
3. Don't know ☐ 4. No answer ☐

A. How long did somebody inject you before you learned to inject yourself?
1. Years _____ 2. Months _____ 3. Weeks _____

19. How many of your friends use morphine?
_____ # of friends

20. Do you think that injecting morphine is currently,
1. Increasing ☐ 2. Decreasing ☐
3. Staying the same ☐ 4. Don't know ☐

D. MORPHINE USE IN LAST 6 MONTHS

21. In the last six months, how often did you use outfits (needles/syringes) that had been used by someone else?
1. All of the time ☐ 2. More than half the time ☐
3. About half the time ☐ 4. Less than half the time ☐
(Ask Q 22. If yes)
5. None of the time ☐ 6. Refused ☐
7. Don't know ☐(skip to Q. 24)

22. How many of those needles or outfits used by someone else did you clean before shooting with? Was it,
1. None ☐ (skip to Q. 24) 2. Less than half ☐
3. About half ☐ 4. More than half ☐
5. All ☐(ask Q. 23)

23. In the last six months, when you used a needle someone else had used before you, what method did you usually use to clean your needles or outfits? Did you,
1. Boil the outfits in water ☐ 2. Use spirit to clean the outfit ☐
3. Rinse the outfit in water only ☐
4. Use some other method ☐
(Specify) _____

24. In the last six months when you injected drugs, how often did you share a cotton with someone else? Was it,
1. Never ☐ 2. Less than half the time ☐
3. About half the time ☐ 4. More than half the time ☐
5. Always ☐

25. In the last six months when you injected drugs, how often did you share rinse water with someone else? Was it,
1. Never ☐ 2. Less than half the time ☐
3. About half the time ☐ 4. More than half the time ☐
5. Always ☐

E. MORHINE USE IN LAST 30 DAYS

(Ask only of respondents who injected drugs in the last 30 days, for othres skip section and ask questions accordingly)

I am going to ask you about your outfits and the situations in which you injected drugs. People go to inject in different places. People get their outfits in different ways. Some people inject with others, some inject alone, some do both, depending on the situation. I'd like you to think about the times you injected drugs in the last 30 days, or 4 weeks, and answer the following questions.

26. How many times (number of injections) did you inject in the last 4 weeks?
1. _____ times 2. Refused ☐
3. Don't know ☐

27. In the last 4 weeks, how often did you use outfits (needles/syringes) that had been used by someone else? Would you say,
1. All of the time ☐ 2. More than half the time ☐
3. About half the time ☐ 4. Less than half the time ☐
(ask Q. 28. A)
5. None of the time ☐ 6. Refused ☐
7. Don't know ☐ (skip to Q. 29)

28. How many of those needles or outfits used by someone else did you clean before shooting with? Was it,
1. None ☐ (skip to Q. 29) 2. Less than half ☐
3. About half ☐ 4. More than half ☐
5. All ☐(ask Q. B)

B. When you used a needle someone else had used before you, what method did you usually use to clean your needles or outfits? Did you,

1. Boil the outfits in water ☐ 2. Use spirit to clean the outfit ☐
3. Rinse the outfit in water only ☐
4. Use some other method ☐
(Specify) _____

29. In the last 4 weeks, when you used drugs with a needle, how often did you use brand new outfits? That is, needles that were never used. Would you say,

1. All of the time ☐ 2. More than half the time ☐
3. About half the time ☐ 4. Less than half the time ☐
5. None of the time ☐ 6. Refused ☐
7. Don't know ☐

30. When you get a brand new needle/syringe, about how many injections do you use it for before you get rid of it?

1. _____ number of injections
2. Refused ☐ 3. Don't know ☐

31. Again thinking back over the last 4 weeks, when you injected drugs, how often were you (read category),

		1. always	2. more than half	3. about half	4. less than half	5. none
A.	alone					
B.	With other people you regularly get high with					
C.	With other people you do not usually get high with					

32. Out of all the times you injected in the last 4 weeks, how often did you pass a needle on to someone else to use? Would you say.....

1. All of the time ☐ 2. More than half the time ☐
3. About half the time ☐ 4. Less than half the time ☐
(ask Q. 32 B)
5. None of the time ☐ 6. Refused ☐
7. Don't know ☐(skip to Q. 33)

B. How many of the outfits you passed along to someone else did you clean before giving away? Would you say....

1. None ☐(skip to Q. 33) 2. Less than half ☐
3. About half ☐ 4. More than half ☐
5. Or all ☐ (ask 32. C)

C. When you passed on a needle to someone else after you had used it, what method did you usually use to clean your needles or outfits? Did you,

1. Boil the outfits in water ☐ 2. Use spirit to clean the outfit ☐
3. Rinse the outfit in water only ☐
4. Use some other method ☐
(Specify) _____

33. For each of the following places, please tell me how often you shot there in the last 4 weeks. Lets begin with (read each category....)

		1. always	2. More than half	3. About half	4. Less than half	never
a.	The place where you live					
b.	Someone else's home					
c.	An abandoned building					
d.	A park, street, or alley					
g.	Somewhere else Specify					

34. How many people would you say, you passed off outfits to in the last 4 weeks?
_____ people

B. How many people would you say passed needles off to you in the last 4 weeks?
_____ people

35. Overall, how many people do you think you shared needles with for the first time in the last six months?
_____ total new sharing partners

F. FREQUENCY OF MORPHINE USE, COST, QUANTITY & PURITY

36. When you first started using morphine, how often would you use it?

1. More than once a day ☐ 2. Once a day ☐
3. 1 to 6 times/week ☐ 4. 1-3 times/month ☐
5. 1 time/month or less ☐

37. What about during the last six months? Have you used it,

1. More than once a day ☐(ask A) 2. Once a day ☐
3. 1 to 6 times/week ☐ 4. 1-3 times/month ☐
5. 1 time/month or less ☐

A. During the last month, how often did you use each day?
_____ times per day.

38. During the last week, how many tablets (quantity) did you use each time you got high?
_____ # of tablets

39. How often did you buy last week? _____ per day (if daily user);
_____ per week (if not a daily user) (if they say it depends or fluctuates, get an average)

40. During the last month, what is the average you spent per week on your drug use excluding tobacco? Rs. _____

41. During the last one month, what is the average you spent per week on morphine Rs. _____

42. What is the average price of a tablet you are paying nowadays
Rs. _____ per tab.

43. Compared to a year ago, what, if any, changes have you noticed about the price you pay for (morphine) _____ (quantity)?
1. More Rs. now ☐ 2. Less Rs. now ☐ 3. Same amount of Rs. ☐

44. Compared to a year ago, what, if any changes have you noticed about the purity of the morphine you are buying?
1. More pure now ☐ 2. Equally pure now ☐ 3. Less pure now ☐

45. Was there a day this week that you didn't use any morphine
No ☐ Yes ☐
If yes, why didn't you use on that day?

_____

_____

46. During the last year, has there ever been a time when you decided and tried to stop using morphine?

a. 1. Yes ☐ 2. No ☐
3. If yes how many times _____, (also ask part b)

b.

	How long stopped for (days)	Seek treatment (✓ if yes)	Why stopped?	Why relapsed?
Most recent				

G. DEALER RELATIONSHIP

47. Do you have a main source - somebody you most often buy from?
1. No ☐ (skip to Q. 48)
2. Yes ☐ (if yes ask through all the questions in the sub section)

A. What are the reasons you rely on your main source
1. Quality good ☐ 2. Always has it/is there ☐
3. Convenient/easy to get to ☐ 4. Dependable/consistent reliable ☐
5. Other specify _____

B. How long have you used this source?
_____ years, _____ months

C. What do you usually do, if you main source is not around?
1. Go to someone else ☐ 2. Get it through friend ☐
3. Use other drugs ☐ 4. Other specify _____

48. How many different sources have you used in the last week _____
If answer is more than two ask: why do you use so many different sources

49. When was the last time you couldn't buy morphine (put in number and ✓)
1. _____ days/weeks/months/years ago (if yes ask A & B)
2. Never ☐ (skip to Q. 50)

A. What was the reason you couldn't make the connection?
1. No reason ☐ 2. Dealer not available ☐
3. Police activity hot ☐ 4. Dealer out of morphine ☐
5. Holiday ☐ 6. No money ☐
7. Other (specify) _____

B. How did you get through the experience?
1. Didn't do anything/didn't use ☐ 2. Used/bought another drug ☐
3. Other (specify) _____

H. OPEN ENDED USERS QUESTIONS

50. Do you know when morphine was first used in the village?

51. Do you know how it first got introduced in the village, or who first brought it here? (No need to mention names, only a general social description of the individual(s) - e.g., someone working in Karachi, abroad, etc.)

52. When did you first hear about the use of morphine? How did you first hear about the use of morphine?

53. Where does the morphine come from?

54. What group in the village is using morphine?

55. Do you have financial problems supporting your morphine habit? Why?

56. Do you have problems supporting yourself with food, housing, etc.? Why?

57. What do you do when you do not have enough money:
A. For drugs?

B. To live on?

58. When do you take morphine? (in the morning, at night, all day)

59. Do you have a choice over whether you have to take morphine:
A. Once a day:

B. More than once a day:

60. What do you like about morphine? (Pleasure, relaxation)

61. What do you dislike about morphine?

62. Do you consider yourself addicted to morphine?

63. Could you quit morphine if you wanted to?

64. Do you want to quit using morphine?

A. Why/why not do you want to quit taking morphine

65. Have you ever been in treatment

A. What kind of treatment? (List all kinds of treatment)

1.
2.
3.
4.

B. What was your experience of this treatment? (List the treatments)
Was it/were they effective, why/why not?
Answer for each form of treatment

1.

2.

3.

4.

66. What kind of treatment would help you the most

67. What do you hope to do in the future with your life? (Job, marriage, children)

68. What would help you reach these goals?

I. INTRAVENOUS DRUGS (knowledge & attitudes)

69. Is using intravenous drugs bad for health
Yes☐ No☐ Don't know☐

70. Does using intravenous drugs predisposes to HIV/AIDS
Yes☐ No☐ Don't know☐

71. Have you ever transfused blood
Yes☐ No☐ Don't know☐

72. Do you have a tattoo
Yes☐ No☐ Don't know☐

73. Do you know if the needle was sterilized when you got the tattoo
Yes☐ No☐ Don't know☐

J. SEX & SEXUAL DISEASES (knowledge, attitude, & practice)

74. Have you ever had sexual intercourse? Yes☐ No☐ No answer☐ (if no go to Q. 85)

75. What was your age at first sexual intercourse?
Age _____ Don't know☐ No answer☐

76. Do you have a regular sexual partner
Yes☐ No☐ No answer☐

77. How many sexual partners have you had during last one year?
1. One ☐ 2. Two to three ☐
3. Four to five ☐ 4. Five to ten ☐
5. More than ten ☐ 6. Don't remember ☐
7. No answer ☐

78. Do you think that having multiple sexual partners predisposes to sexually transmitted diseases?
Yes☐ No☐ Don't know☐

79. Having sexual intercourse with commercial sex workers predisposes to sexually transmitted diseases?
Yes☐ No☐ Don't know☐

80. Having homosexual intercourse predisposes to sexually transmitted diseases?
Yes☐ No☐ Don't know☐

81. Have you ever had sexual intercourse with commercial sex workers?
Yes☐ No☐ No answer☐

82. Have you ever had homosexual intercourse?
Yes☐ No☐ No answer☐

83. Do you use a condom during sexual intercourse?
1. All of the time ☐ 2. More than half the time ☐
3. About half the time ☐ 4. Less than half the time ☐
5. None of the time ☐ 6. Refused ☐
7. Don't know ☐

84. Do you use a condom during sexual intercourse with commercial sex workers?
1. All of the time ☐ 2. More than half the time ☐
3. About half the time ☐ 4. Less than half the time ☐
5. None of the time ☐ 6. Refused ☐
7. Don't know ☐

85. Can condoms protect one from sexually transmitted diseases?
Yes☐ No☐ Don't know☐

86. Have you ever been diagnosed to have sexually transmitted diseases?
Yes☐ No☐ Don't know☐ No answer☐

K. HIV/AIDS (knowledge & attitudes)

87. Have you ever heard about HIV/AIDS
1. Yes ☐ 2. No ☐ (if no skip section)

88. Do you know how HIV/AIDS is transmitted?

1. Heterosexual intercourse	Yes☐	No☐	Don't know☐
2. Homosexual intercourse	Yes☐	No☐	Don't know☐
3. Blood transfusion	Yes☐	No☐	Don't know☐
4. Intravenous drug use	Yes☐	No☐	Don't know☐
5. Other (specify) _____			

89. Can HIV/AIDS be transmitted by,

1. Hugging	Yes☐	No☐	Don't know☐
2. Kissing	Yes☐	No☐	Don't know☐
3. Body massage	Yes☐	No☐	Don't know☐
4. Masturbation	Yes☐	No☐	Don't know☐
5. Sharing needles	Yes☐	No☐	Don't know☐
6. Tattooing	Yes☐	No☐	Don't know☐

90. Do you know how one can safeguard against HIV/AIDS

1. Having single sexual partner	Yes☐	No☐	Don't know☐
2. Using condoms	Yes☐	No☐	Don't know☐
3. Sterilizing needles	Yes☐	No☐	Don't know☐
4. Using separate needles	Yes☐	No☐	Don't know☐

91. Have you ever been tested for HIV/AIDS
Yes☐ No☐ Don't know☐ No answer☐

92. If yes, what was the result of the test
Positive☐ Negative☐ Don't know☐ No answer☐

93. Would you be willing to be tested for HIV/AIDS
Yes☐ No☐ Don't know☐ No answer☐

94. Do you know if HIV/AIDS is preventable
Yes☐ No☐ Don't know☐

HEROIN USAGE TRENDS IN ONE LOCALITY IN SRI LANKA

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1. INTRODUCTION

1.1 Asian Multi-City Research Workgroup

The goal of the Asian Multi-Citry Programme is to use agreed upon drug abuse indicators in selected cities, to assess and compare the changing patterns of the extent and nature of the problem within the context of cultural and socio-political framework, thus facilitating better interpretation, understanding and utilization of results. This programme is organized and implemented by the Centre for Drug Research, Universiti Sains Malaysia in conjunction with the National Institute of Drug Abuse (NIDA), USA.

1.2 SLANA

The Sri Lanka Anti Narcotics Association, a non-governmental, non-profit organization, established in 1987 by the Rotary movement, is one of the founding institutions in the field of drug abuse prevention. SLANA's main focus is on primary prevention of drug abuse. SLANA provides intervention services by way of referral to drug users and their families to find suitable rehabilitation and treatment centres. SLANA became a member of the Asian Multi-City Research Workgroup in January of 1995.

1.3 The Study

Information on the nature and extent of the drug abuse problem is important to develop appropriate responses. Past experiences in research surveys have shown the difficulty in obtaining accurate information through traditional epidemiological research methodologies. The difficulties could be attributed to the fact that drug users are a "hidden population" who are not readily accessible. Our experiences have also shown that two ways of finding useful and up-to date information is through personal interviews with drug addicts and focus group discussion with drug addicts.

With the assistance of Dr. Al Pach of University of Chicago, at the Research Programme meeting held in April 1995, SLANA developed a questionnaire to identify user experience with heroin and new trends of consumption in Sri Lanka. The qestionnaire consisted of open-ended and close-ended questions that focussed on their background, drugs used, their drug using behaviour and perceptions of drugs and treatment.

The assistance of a drug user, Siripala, a participant in the previous focus group discussion was sought to bring together a group of addicts to participate in this focus group meeting. He brought together 17 male drug users, all of whom purchased their drugs in the same locality (but resided in different localities). The respondents were assured of confidentiality. The information gathered through the questionnaire has been analysed and is presented below. All comments made by the participants were recorded. The study was conducted at a vocational training school auditorium on the 28 June 1995.

1.3.1 The Study Objectives:

(i) To determine the population characteristics of drug users.

(ii) To determine user experiences with heroin and identify new trends in drug use, if any.

(iii) To understand treatment responses and ascertain intervention initiatives.

1.3.2 Characteristics Of Respondents

- Average age of the respondents was 31.47% (Table 1).
- All respondents were male.
- 94.11% of respondents were Sinhalese.
- 82.35% were employed on a permanent basis.
- 47.05% of respondents were married and living with spouses (Table 2).
- 52.95% of respondents were single and living with parents (Table 2).
- All of them indicated having received primary education. 76.47% dropped out of school at the 6th grade (Table 3).
- All respondents were regular heroin users (Table 5).

- All respondents have been using heroin at least for the past 5 years.

1.3.3 Drug Use History And Patterns Of Use

Drugs that were used by respondents varied. The three most common drugs used are alcohol, ganja and heroin. In two instances, the respondents have not taken any other drug, other than heroin (Table 8).

Three respondents recorded using alcohol and ganja together the first time they took drugs. The drugs that were identified as the first drug used next were ganja and heroin. (Graph 1)

Average age of initiation to heroin was 23 years. The drug that had the lowest average of age for initiation was ganja. (Graph 2 - Table 4)

Heroin was taken by way of the Chinese method by all the respondents. Ganja was used by rolling it as a cigarette and smoking.

Three respondents were injecting buprenorphrine for treatment, though one had stopped because it was not effective in controlling his craving for heroin. Sharing of syringes was not reported.

Nine respondents took heroin thrice a day. (Graph 3 - Table 5)

On an average, the respondents have been using drugs for the past 7.82 years.

The main source of income for drugs was derived from work (78.94%) (Table 7).

2. EXPERIENCES WITH HEROIN

2.1 Knowledge Of Heroin Prior To First Use

All respondents were aware that heroin had a psychoactive effect, but not of its addictive propensity. The source of information regarding heroin were their peers or other drug users. One respondent said: "I was told that the effect of heroin to relax, was even better than that of cannabis".

2.2 Reasons For Heroin Use And Influences Experienced

Peer influence was cited as the main reason for first use of heroin. Curiosity about the effect of heroin was also identified as a reason for heroin use. Other reasons identified were loneliness and desire to experiment. (Graph 4 - Table 6)

Discussions with the addicts and the responses to the previous question (What have you heard about drugs? focussing on heroin) revealed that underlying cause for the first use of heroin is the desire to reach a higher level of intoxication.

Drug using peers were identified as the initial source of heroin. In 5 instances, the respondent himself, purchased the heroin. The availability of drugs within the community they live in and the knowledge of suppliers assisted them in their purchases.

2.3 First Experience Of Heroin

The physical reactions when heroin was initially used, for all respondents were not pleasant. They experienced variety of unpleasant feelings, including nausea, shivering, flu, loss of appetite, sweating, fainting, and lethargy.

The mental reactions to heroin, in all respondents were positive. The feelings experienced by the respondents varied. In a manner, it could be stated that the reaction was directly related to the reasons for taking the drug.

Most respondents felt unable to express the magnitude of the feeling, till they were probed by the researchers. They said that they experienced euphoria, a great sense of physical fitness, a sense of happiness, relaxation and comfort. As one respondent stated "all problems faded away and there was a great sense of peace which the outside world cannot disrupt".

2.4 Reasons For Secondary Use

With the exception of two cases, all other respondents stated that their secondary use of heroin was voluntary without any persuasion from drug using friends. The positive mental reaction to the first use of heroin played a key role in subsequent use. As said by one respondent, "the reasons to use heroin the second time was to reach the same sense of well being experienced during the initial use".

Two respondent have expressed hesitation in using heroin again because of the unpleasant physical reactions to the drug. The factor that reinforced their involvement

with heroin use was the assurance by drug using peers that there were no unpleasant physical reactions after the initial use, but only the pleasant mental feelings.

2.5 Attitude Towards Continuous Use Of Heroin

As stated by the respondents, they did not experience unpleasant physical reactions on subsequent use of heroin but an enhanced sense of well-being. This promoted their continuous use of heroin initially. The respondents indicated that they felt better mentally and strong physically, as though they could do anything.

The reasons given for current use is to keep the withdrawal symptoms and mental craving for heroin at bay. They feel, through experience, they are able to control their habit.

2.6 Use Of Other Narcotics

Intravenous use of buprenorphine for treatment purposes was recorded. Access to buprenorphine was by way of a prescription by medical doctors. Since it was administered at home and not under medical supervision or a clinical setting, this can be regarded as misuse / abuse of a scheduled drug.

Respondents also indicated the use of valium, diazepam, ryphernole and methadone as alternatives to heroin. The use of other narcotics was limited to times when there was a scarcity of heroin in the market.

3. PROBLEMS WITH HEROIN AND WITH QUITTING HEROIN

Financial difficulties, social stigma, marginalization, inability to keep a regular job and family pressure are some of the common problems faced by addicts using heroin.

Family pressure was seen as the reason for ever seeking treatment.

Respondents said that the treatment and rehabilitation facilities availabile did not meet their needs of recovery. Lack of a support systems to continue abstinence from heroin use, they felt contributed to their relapses.

4. OVERVIEW AND IMPLICATIONS

4.1 Three respondents were injecting while 8 others knew of people who were injecting buprenorphine. This would appear to indicate the emergence of a trend of intravenous drug use. IVD use seems to have commenced with the use of buprenorphine on the prescription of a physician. This raises the implication of the scepter of HIV / AIDS.

4.2 The drug used at the time of initiation would appear to differ depending on the individual and situation.

4.3 Peer influence and curiosity were key factors in initiation and use of heroin. Easy availability of heroin within the community / locality encouraged initiation. Many were not aware of the addictive nature of heroin.

4.4 Poly drug use does not seem to be part of the pattern of consumption among these drug users.

4.5 Availability of drugs, and drug users in the community is serving as an influencing factor for curiosity and experimentation.

4.6 The use of heroin by women was revealed during the focus group discussion. This is substantiated by a study conducted by the Central STD Clinic.

4.7 The use of other narcotics usually occurred only at times of heroin scarcity.

4.8 Respondents did not appear to trust the quality of services available in treatment and rehabilitation centres. This attitude may result in decreasing number of people seeking residential treatment and reaching for temporary, out patient care from physicians.

4.9 None of the partidipants experienced financial difficulties as they had a permanent source of income. Sale of blood continues as an additional source of money to support their drug habit.

5. CONCLUSIONS

Numerous studies have shown the links between drug addiction, needle-sharing, prostitution, AIDS and other sexually transmitted diseases.

Although illicit drug abuse centres among men, information shows the entry of women in to the sphere of illegal drug use and peddling. The involvement of women in commercial

sex to support their drug habit can be seen in studies conducted by the Central STD Clinic.

Injecting as mode of consumption can be seen in both men and women. Our study found that 3 were injecting buprenorphine while others knew of 8 persons injecting.

Appropriate prevention responses need to be developed to control and contain the spread of injecting in Sri Lanka. Special programmes, specifically targeted at women need to be developed to reduce further incidence of drug use among them.

Susceptibility to peer influence and curiosity remains primary factors in promoting drug use. Programmes need to be developed addressing these factors while focussing on the addictive propensity and personal consequences of heroin use.

Families have a powerful influence on addicts. We believe that family support needs to be used more effectively in rehabilitation and social re-integration of drug addicts.

These findings will be useful in designing and developing future prevention programmes targeted at non-users and recovering drug users. We thank the Asian Multi-City Programme for providing us with this opportunity to share our findings and hope that you will be able to assist us in the development of programmes. We would like to extend our appreciation to Dr. Al Pach for his valuable comments and suggestions.

ANNEXURE A

TABLE 1

AGE BREAKDOWN

Age Range	Percentage	No. of Respondents
20 and below	0.0	0
21 - 30	52.94	9
31 - 40	29.41	5
40 and above	17.64	3

TABLE 2

MARITAL STATUS

Marital Status	Percentage	No. of Respondents
Single	52.94	9
Married	47.05	8

TABLE 3

EDUCATIONAL STATUS

Level of Education	Percentage	No. of Respondents
G.C.E. (A / L)	5.88	1
Grade 7	11.76	2
Grade 6	76.47	13
Grade 5	5.88	1

TABLE 4

AGE OF INITIATION TO DRUGS

Drugs	Average Age of initiation	No. of users
Heroin	23.64	17
Alcohol	20.14	14
Ganja	17.16	12
Hashish	22.33	3
Tranquilizers	25.50	2
Other narcotics - Buprenorphine	30.33	3

TABLE 5

FREQUENCY OF HEROIN USE

Frequency	No. of Respondents	Percentage
Once	0	0.0
Twice	6	35.29
Thrice	9	52.94
More than thrice	2	11.76

TABLE 6

REASONS FOR INITIATION

Reasons	Frequency	Percentage
Curiosity	8	36.36
Friends	10	45.45
Loneliness	2	9.09
Excitement	2	9.09

TABLE 7

SOURCE OF INCOME FOR DRUGS

Source	Frequency	Percentage
Work	15	78.94
Parents	3	15.78
Borrowing	1	5.26

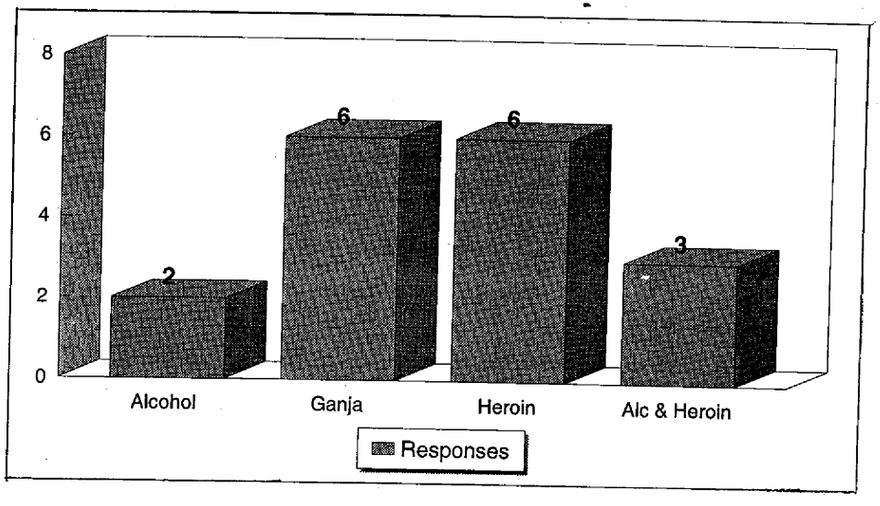
TABLE 8

DRUGS EVER USED

Drugs Ever Used	No. of Respondents
Alcohol, ganja, heroin	6
Alcohol, ganja, heroin, ryphernole	2
Alcohol, heroin, hashish	1
Alcohol, heroin	1
Alcohol, heroin, buprenorphrine	1
Alcohol, ganja, heroin, buprenorphrine	1
Ganja, heroin	1
Alcohol, ganja, heroin, hashish	1
Alcohol, ganja, heroin, buprenorphine, valium	1
Heroin	2

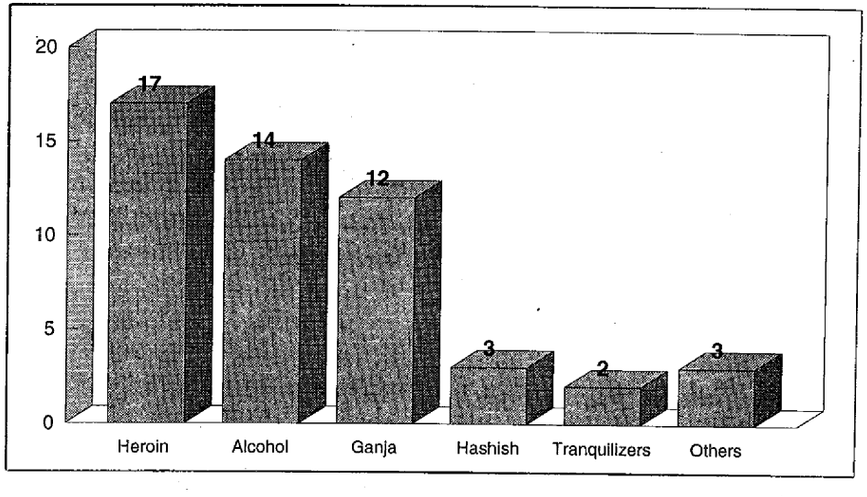
GRAPH 1

THE DRUG OF INITIATION



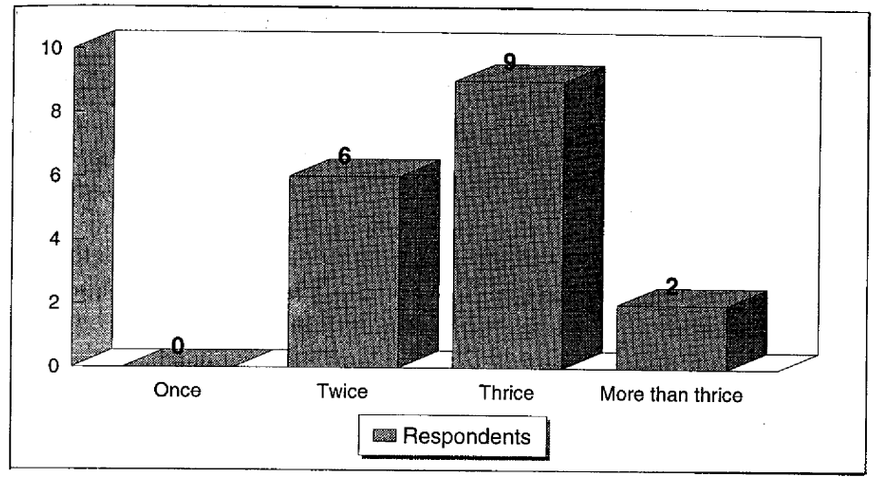
GRAPH 2

AGE OF INITIATION TO DRUGS



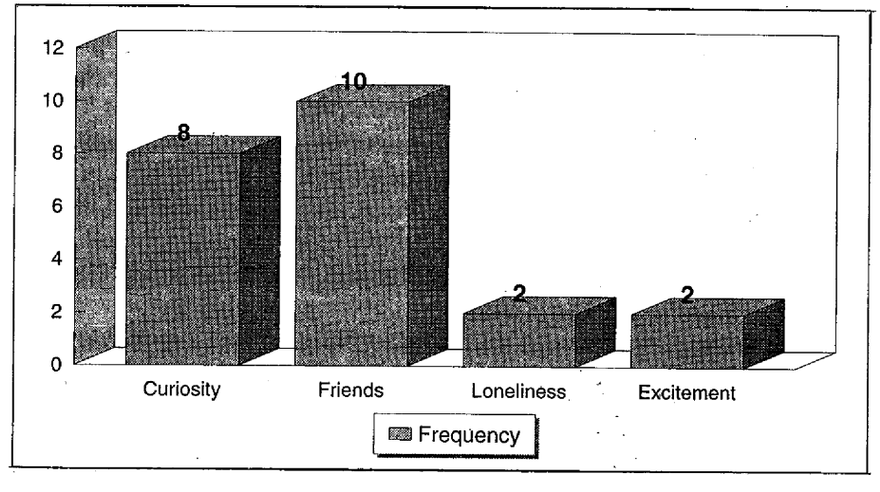
GRAPH 3

FREQUENCY OF HEROIN USE



GRAPH 4

REASONS OF INITIATION



PERSONAL AND SOCIAL DYNAMICS OF DRUG ADDICTS IN SRI LANKA

S. GUNASEKARA
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1. INTRODUCTION

The awarenes and information programmes carried out by SLANA has provided the public with an institution to which they can turn to for assistance and help in drug abuse related problems. Since SLANA's main objective is primary prevention, the number of requests that were documented indicated the need to establish a referral desk.

The objective of the referral desk was to refer addicts seeking help to suitable rehabilitation / detoxification centres.

Initially a basic interview and assessment schedule was developed to gather essential data for the relevant officer to make a decision regarding the rehabilitation / detoxification centre, and to keep track of the addicts through liaison with the centres.

Information gathered from the addicts and / or their families over the past year showed that this information could be used in developing our prevention programmes.

With this in mind, a more detailed questionnaire was developed in October 1994. The objectives of this questionnaire were to identify:

(a) The profile of the drug addict seeking assistance
(b) Level of education received
(c) Employment status
(d) The reasons which trigger off desire to seek assistance
(e) The age of initiation to drugs (specifically)
(f) The combinations of drugs used
(g) Reasons for initiation
(h) Methods of consumption and frequency
(i) Sources of money for maintaining the habit
(j) Treatment history

This questionnaire was redefined in January 1995 with the assistance of Dr. Al Pach, of the University of Chicago. This presentation is based on the data collated over the past four months with information gathered from 25 addicts / families who sought assistance at SLANA.

- On an average, addicts indicate use of Rs. 344.00 daily to maintain their habit. This indicates the amount of money spent by an addict to maintain his habit per year is Rs. 125,560.

- One of the main sources of income to maintain their habits was identified as relations, in most situations parents. The second major source was identified as friends, indicating that both parents / relations and friends play the role of enablers for drug users.

- In over 70% of the cases the assistance was sought by parents.

- There appears to be a new group of persons beginning use at an older age (24 years).

2. PERSONAL DYNAMICS

* All referrals were male.

* The average age was 29 years.

* Majority of the addicts indicate their educational standards as either grades 6 - 10 or above O / L.

* Fifty percent (50%) of the addicts stated that they were employed.

* The age of initiation to various drugs differed.

* Addicts have received treatment twice prior to coming to SLANA.

* Addicts spend approximately Rs. 309.16 a day to maintain their drug habit.

* Majority used drugs 3 times a day.

2.1 Personal Dynamics Of Drug Users In Sri Lanka

Sex

Since the establishment of this desk 2 years ago we have had only male drug users seeking assistance. This does not mean that there are no female drug users in Sri Lanka. During SLANA research on HIV / AIDS and drug abuse in 1994, our field officers found that all the convicted female prisoners within the age range of 15 - 25 who were interviewed at Welikada were convicted for drug related offenses, either for taking or selling drugs.

Age

The average age of persons seeking help or persons for whom help was sought was 29 years of age.

Length Of Use

Drug users have been using drugs for approximately 5.42 years prior to approaching SLANA for assistance.

Educational Status

Majority of addicts (over 90%) indicated their educational status as either grade 6 - 10 or above Ordinary Level examination. None reported having received no education.

TABLE 1

EDUCATIONAL STATUS

Educational Status	Percentage of Responses Received
No Education	0.0
Grade 1 - 5	4.34
Grade 6 - 10	47.82
Above O / L	47.82

Note: These statistics give a different picture to the results of the SLANA 1994 study in which the level of education of drug addicts was lower. Majority of drug addicts surveyed indicated that they have dropped out of school after primary education.

Employment Status

In defining the employment status of drug addicts, 4 categories were identified. They are unemployed, unskilled, semi skilled, and skilled or professional.

Day labourers were categorised as unskilled. People who have skills but working under a professional were classified as semi skilled.

TABLE 2

EMPLOYMENT STATUS

Employement Category	Percentage Responses Received
Unemployed	50.0
Unskilled	9.09
Semi Skilled	31.01
Skilled / Professional	9.09

Age Of Initiation

The age of initiation to drug differed according to drugs.

TABLE 3

AGE OF INITIATION TO DRUGS

Drugs	Age
Heroin	24.15
Alcohol	25.66
Tobacco	18.52
Ganja	23.0

Note: These results differ from the data of our studies done in 1991 and 1994. The 1991 study showed that initiation to heroin was between 16 - 18 years. The 1994 study showed the same age range.

Cost

The cost of drugs used per person was approximately Rs. 344 per day of Rs. 125,560 (US$2500) annually.

Treatment History

Over sixty percent (63.64%) of the drug addicts have sought treatment approximately twice (1.93) before approaching SLANA. For 36.36% of the drug addicts coming to SLANA was the first attempt at treatment.

Frequency Of Use

About thirty seven percent (37.5%) of the addicts stated that they used drugs three times a day while none said that they took drugs only once a day.

TABLE 4

FREQUENCY

Frequency	Percentage Responses Received
Once	0.0
Twice	31.25
Thrice	37.50
More than trice	31.25

The Profile

The profile of the drug addicts seeking assistance over the past 4 months is "unmarried, male, 29 years of age with educational levels higher than grade 6, unemployed, initiated to heroin at the age of 24, using such drug for 5.42 years before coming to SLANA".

3. SOCIAL DYNAMICS

* In majority of the cases the assistance was sought by parents or other relatives

* Reasons for Initiation
  - Peer Pressure
  - Family Problems
  - Curiosity

* The reasons for seeking assistance

* Source/s of income

3.1 Social Dynamic Of Drug Users In Sri Lanka

Family

One of the main factors that comes across from the data collected is the dominant role played by the family in enabling and rehabilitating the addict.

In 64% of the cases, assistance was sought on behalf of the addict by his family members. In quite a number of cases, it was observed that the addict was accompanied by one or more of his family. It was clear from the discussions with the families, that they perceived drug use of one member as a problem of the whole family and that therefore the whole family should be involved in the rehabilitation process.

Reasons For Initiation

The reasons given by the addicts / families for resorting to drug use were as follows.

TABLE 5

REASONS FOR INITIATION

The reason for Initiation	Percentage Responses Received
Peer Pressure (friends)	40.9
Problems at Home	31.81
Curiosity	22.72
Other	9.09

Interestingly, parents believe that friends (41%) and problems at home (32%) were the reasons for their child resorting to drugs.

Sources Of Income

The main sources of income for addicts to maintain their habit was their family / relations, followed by work, friends, and stealing respectively.

TABLE 6

SOURCES OF INCOME

Source of Income	Percentage of Responses Received
Relations	34.38
Work	25.0
Friends	21.88
Stealing	6.25
Others	12.5

The unemployed addicts stated that they obtained money their friends and families.

Reasons For Seeking Assistance

In the majority of instances, the triggering off factor for seeking assistance was family related. Reasons given were:

* Refusal of the family to support the user

* The desire to live a normal family life

* Persuasion of parents and the desire to please them

4. CONCLUSIONS

From the preventive perspective the information gleaned from the interview schedule provides for the development of interesting strategies.

* The family is a primary factor for intervention and rehabilitation.

* The family should be made aware of their "enablement" of the user.

* Note should be taken of the age of initiation. It should be ascertained whether there is a new group of vulnerable population who should be included specifically in demand reduction strategies.

* Programmes developed to enhance peer resistance, coping and low risk choice making skills.

In conclusion we would like to state that the Multi-City Project appears to have broad scope and could be further developed to focus attention on specific vulnerable groups and prevention programmes. This is especially vital since it permits decision makers to make informed decisions within a flexible framework in coping with the dynamics of drug and substance abuse.

SCHOOL SURVEY ON SUBSTANCE USE

Research And Evaluation Division
Alcohol and Drug Information Centre
Colombo, Sri Lanka

This is the first study of substance use among the school going population that has been carried out in several districts of Sri Lanka.

OBJECTIVE AND METHODOLOGY

The main objective of the survey was to determine the knowledge, attitudes and prevalence among students above 12 years of age. The survey was carried out in 6 districts, Colombo, Kandy, Badulla, Hambantota, Anuradhapura and Puttalam. A multi-stage cluster sampling design was used to select the sample of students. A self administered anonymous questionnaire was used to collect the data. A total of 8058 students aged 12 to 20 answered the questionnaire.

RESULTS

Prevalence Rates

Ever use rate (i.e. the percentage of students who have used a substance at least once) for the three substances varied from:

* 12.2% in Anuradhapura to 19.3% in Puttalam for **tobacco**
* 18.3% in Anuradhapura to 38.6% in Puttalam for **alcohol**
* 2.2% in Puttalam to 4.6% in Hambantota for **other drugs**

Thus it is seen that among school children alcohol has been tried to a comparatively greater extent while other drugs (**including heroin**) has been experimented with by a very small percentage of students. Last 30 days **current use rates** for the 3 substances are lower than ever use rates. These rates varied from;

* 3.4% in Anuradhapura to 6.0% in Colombo for **tobacco**
* 3.9% in Anuradhapura to 17.2% in Puttalam for **alcohol**
* 0.3% in Colombo to 2.8% in Hambantota for **other drugs**

The trend seen for current use is similar to that seen for ever use.

Males were seen to use all three substances to a greater extent than females. In fact only a minority of female students used all three substances. Since the numbers using were less than 20 the detailed analysis was confined to males.

Quantity Of Substances Used

Majority of the users were occasional smokers & drinkers. Results showed that over 50% of the students who smoked, used only 1 - 5 tobacco units a months in 5 districts (excepting Hambantota) while in 4 districts over 70% of the alcohol users consumed alcohol only once a month.

Place Where Students Consumed These Substances

Social occasions such as parties and trips were the main places where substance use occured. Of those students who used substances, over 55% of the students in 4 districts smoked when they went on trips while parties were the occasion where the majority of students (over 50 percent in all the districts) drank.

Age Of Initiation

A substantial proportion of ever users began using tobacco and alcohol before the age of 11 years. In 4 districts over 25% of the ever users had started using alcohol by the age of 11 years while over 15% of ever users had smoked their first tobacco unit by this same age in all 6 districts. In contrast, less than 15% of the users in 4 districts had tried other drugs by this age. This result shows the necessity to start prevention programmes for students shortly before they complete their primary education.

Differentials Of Substance Use

An analysis to determine the relationship between four selected variables and use of tobacco and alcohol was conducted. The results showed that:

* father's use of alcohol had a significant relationship with use of alcohol by the son in all the districts while father's use of tobacco had a significant relationship to son's smoking only in one district.

* number of friends using tobacco / alcohol was seen to have a significant relationship to students' use in all the districts.

* availability of pocket money was also seen to have a significant relationship to substance use in all the districts (excepting for alcohol use in Puttalam).

Knowledge And Attitude Regarding Substance Use

Students' knowledge and attitudes regarding the positive as well as the negative aspects of substance use was obtained in this study by asking students whether they agreed with the given set of statements. Three of these statements focused on qualities / aspects attributed to substances and two on health aspects. Attitudes focused on qualities / aspects attributed to substances i.e. enjoyment, easier socialising and better concentration were accepted by only a minority (less than 15%) of students. It should be noted that these are the personal view points of individual students. On the other hand, the majority of students (over 50% in all the districts) were aware of the harmful effects of using substances on themselves as well as to others.

These results indicate the necessity to reinforce these attitudes during prevention programmes.

STUDY ON INJECTING DRUG USERS

Research and Publications Division
NDDCB Project
Colombo, Sri Lanka

ABSTRACT

A research study was conducted on a non probable sample of 50 Injecting Drug Users (IDUs) in Colombo, Gampaha, Galle, Kandy and Kurunegala in early 1993. Most of them were heroin users studied in the Refinement of the Careers Study on Heroin Users. Data was collected using a interviewer administered questionnaire survey.

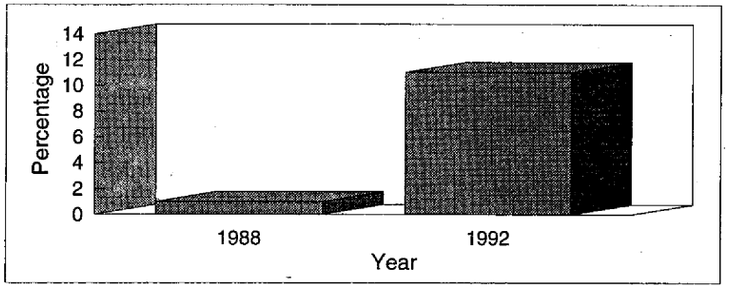
The profile of the IDUs, showed the majority as unmarried males, between the ages of 18 and 50. The mean age was 29 years. Many had studied up to 10 years. Occupation wise, majority were entrepreneurs of labourers. A considerable number was unemployed. Comparatively, the number of Muslims and Christians were more. Many IDUs were involved in drug related offences. Almost all have been treated for heroin dependence.

Majority had started on heroin in their late teens and shifted to injecting in their early 20's. Most of them had started with "chasing" whereas only 10% with injecting. The reasons for shifting frrom "chasing" to injecting was to get a better high and to reduce the cost on heroin. Amongst the IVDUs, 14% injected at least once a month and 2% on a daily basis. Of them, 2% had used cocaine either in Sri Lanka or abroad.

Needle sharing was high. Of the IDUs, 40% had shared needles and 50% their "kits". Cleaning needles and syringes was rare. Most of them "shot" heroin with a partner. Amongst the IDUs, promiscuity, too, was high. On average they have had sex with 7 partners. Of them, 4% was bisexuals and 2% homosexuals. Of the IDUs, 16% have had sex for money or drugs and 2% with foreigners.

FIGURE 1

INJECTING HEROIN USE



Many IDUs used condoms. The main reason for it was to prevent sexually transmitted diseases (STD). Many had a good knowledge about the spread of AIDS and positive attitudes about the prevention.

In Sri Lanka, the injecting heroin use was around 1 percent in 1988 which increased to 13% in 1992. Of the IDUs, 2% was daily users. This could be attributed to the price increase in street heroin and the decrease in the quality of it. This in turn caused some of the heroin users to change over to injecting to sustain and to economise. The increase in the IDUs could have an impact on HIV epidemic and other health related issues in Sri Lanka.

PART 2

EAST ASIAN STUDIES

THE STUDY OF INJECTING DRUG USE AND HIV RISK BEHAVIOR AMONG CSWs[1]

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1. INTRODUCTION AND BACKGROUND

AIDS is a major public health problem in Cambodia. Until now there were three AIDS related deaths. AIDS might have been present since ten years ago. Awaress of AIDS in Cambodia began since 1992 - 1993, during the big influx of UNTAC and foreigners into Cambodia.

AIDS transmission mostly occurred at the Khmer-Thailand border and is believed to be associated with business relationship. The rate of this disease has drastically increased from 0.06% (1991) to 18.36% (November 1994).

Nowadays, in Cambodia there are over 7,000 people who were tested positive for HIV. In late 1994, the blood testing that was conducted by WHO showed that CSWs (92.61%) had HIV in Banteay Meanchey province. Other provinces with CSWs who also had HIV were Sihanouk Ville (40.50%), Battam Bang (56.62%), Siem Reap (35.76%).

A previous survey that was carried out by STD centre of MOH showed that almost all CSWs had STD and this STD facilitated AIDS transmission from 4% to 70% (According to Heng Sin, chief of STD of MOH).

During these last two years, the number of CSWs has increased drastically. Currectly brothels are seen everywhere in Cambodia even in the remote province like Rattanakiri. Drug trafficking has increased and injecting drug use has been observed in Cambodia.

For this reason, a study was conducted in order to find out about injecting drug use and other HIV risk behaviour among CSWs.

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1 See Abreviations

2. AIMS AND OBJECTIVES

2.1 Aim

To seek information among CSWs and to determine their knowledge on AIDS disease.

2.2 Objective:

- To find out injecting drug use among CSWs.
- To identify the awareness of AIDS among CSWs.
- To determine the knowledge of AIDS transmission and its prevention
- To seek information on methods of sexual practices.
- To compare the information obtained from TK and SP.

3. MATERIALS

3.1 Study Area

The study was conducted in TK and SP, two big prostition areas. The target population were CSWs.

3.2 Questionnaires

The study was based on questionnaires that were written in Khmer and there were 25 questions. The first five asked about the demographic data, question 6 - 16 dealt with drug taking practices, question 17-25 covered information on sexual practices and the transmission of AIDS with its prevention. Forty two CSWs were interviewed for the study.

3.3 Survey Team

The four interviewers were organized in teams of two and trained one day before conducting the study. One local guide and one interpreter were needed for each team. The interviewers are participants of the HSR training workshop that was supported by IDRC from October 1994 - June 1995 at CNHE. They are medical doctors from MRD, CNHE, NMCHC.

3.4 Schedule Of Activities

Preparation before the study

- Procedure of questionnaire in English/ Khmer and Khmer/English
- Logistic arrangement:
- Permission from MOH and Municipality
- Make arrangement for vehicle and transportation
- Budget allocate for the study

3.5 Data Analysis

- Use Epi-Info and SPSS for entry and analysis
- Use M.S. words report writing
- Use Excel and Harvard Graphic for charts

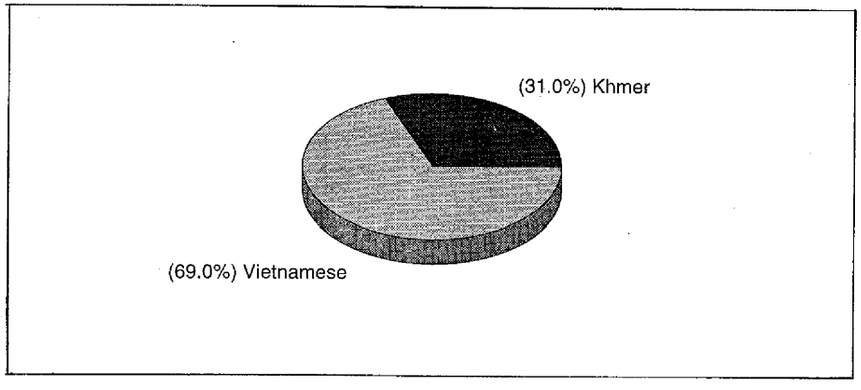
4. FINDINGS OF THE STUDY

4.1 Demographic Data

Nationality

Out of the 42 CSWs interviewed, 21 live in Tuol Kork (TK) and the rest live in Svay Park (SP). Among these 42 CSWs, 13 (31%) mentioned that they were Khmer (in TK) and 29 (69%) were Vietnamese. Out of the these 29 CSWs, 8 live in TK and 21 in SP (Figure 1).

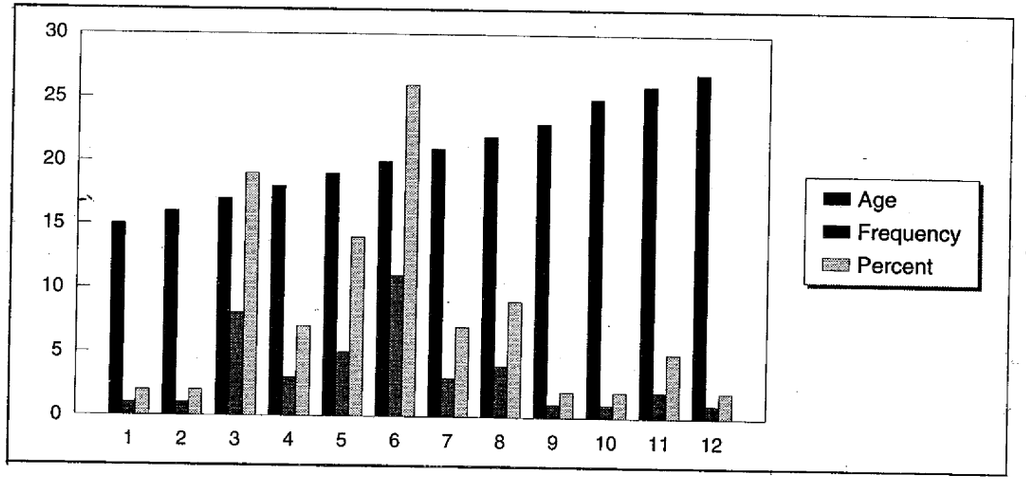
FIGURE 1
NATIONALITY



Age

The age of the respondents ranged from 15 to 27 years old with the mean age 20 and the standard deviation (SD) 2.72. The age group distribution from 15 to 20 (30 interviewees) is higher than 21 to 27 (12 interviewees). The age ranges of TK CSWs were 15 - 27 different from SP 17 - 23 (P = 0.004). Age of range of Khmer CSWs ranged from 17 to 27 years old (Figure 2).

FIGURE 2
AGE



Marital Status

There were 8 (19%) CSWs who said that they had been married but all of them were divorced later. Among these 8 CSWs, 3 were Khmer, aged 22, 26, 27 and 5 were Vietnamese (one in TK and four in SP), aged 19 to 22. The rest 34 CSWs were single (Table 1).

TABLE 1
MARITAL STATUS (N = 42)

Marital Status	Frequency	Percent
Single	34	81.0
Divorced (2K, 6V)	8	19.0

Occupational Status

With regard to occupation, 38 (90.5%) have been working as CSWs, whereas 4 (9.5%) have a second job (3 Vietnamese and 1 Khmer). The mean and SD were 1.09 and 2.72 respectively (Table 2).

TABLE 2
OCCUPATION (N = 42)

Occupation	Frequency	Percent
CSWs	38	90.5
CSWs + 2nd job (1K, 3V)	4	9.5

Present Living Arrangement

All of the CSWs interviewed were living in the brothels with the owners.

Years Of Education

Of the 42 CSWs who responded to the question about the number of years education that they had undergone, 20 (47.6%) of interviewees had never been to school (7 Khmers). The schooling years of the 18 CSWs (42.9%) ranged from one year to six years (6 Khmers, 12 Vietnamese) and the other 4 Vietnamese CSWs (9.5%) ranged from seven to twelve years. There were totally no educational differences between TK and SP sectors (T-test, P = 1.000)

TABLE 3
YEAR OF EDUCATION (N = 42)

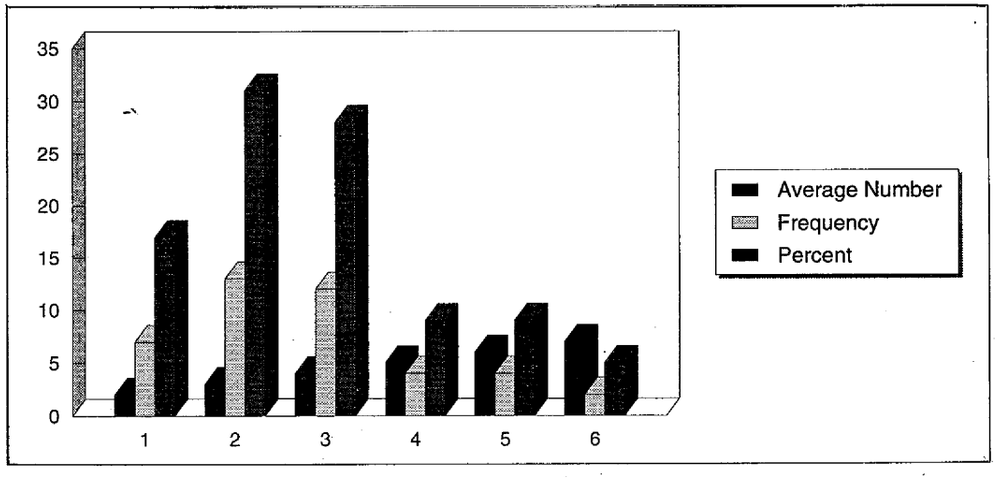
Year of Education	Frequency	Percent
0 year	20 (7K, 13V)	47.6
1 - 6 years	18 (6K, 12V)	42.8
7 - 12 years	4 (V)	9.5

4.2. Sexual Practices

Average Number Of Sexual Partners

Answering to the question about the average number of sexual partners per day, we learned that it ranged from two to seven per day for TK and from two to four per day for SP. The mean of this average number was 3.7 with the SD 1.3 (Figure 3).

FIGURE 3
AVERAGE NUMBER OF SEXUAL PARTNERS



Requirement Of Condom Use (RCU)

Approximately 93% of CSWs (39) required their customers to use condom. Only a small percentage (7%) of CSWs did not demand their clients to use condom (Table 4).

TABLE 4
REQUIREMENT OF CONDOM USE (N = 42)

Requirement of Condom Use	Frequency	Percent
Yes	39	92.9
No	3	7.1

Non-Acceptance Of Condom Use

Responding to the question, how many customers out of ten, use condoms without being told, two CSWs said that seven out of ten and one CSWs mentioned ten out of ten used condom (Table 5).

TABLE 5
USE CONDOM WITHOUT BEING TOLD (N = 42)

Without being told	Frequency	Percent
Seven out of ten	2	66.7
Ten out ten	1	33.3

Acceptance Of Condom Use (39 Csws)

Out of ten customers who agreed to use condom ranged from five to ten with mean 8.3 and SD 1.5. Among 39 CSWs who required their customers to use condom, the lowest 2 (5.1%) said that 5 out of 10 clients used condom and the highest 13 (33.3%) mentioned that 10 out of 10 used it. There were no differences between TK and SP for the above-mentioned cases (P = 0.177).

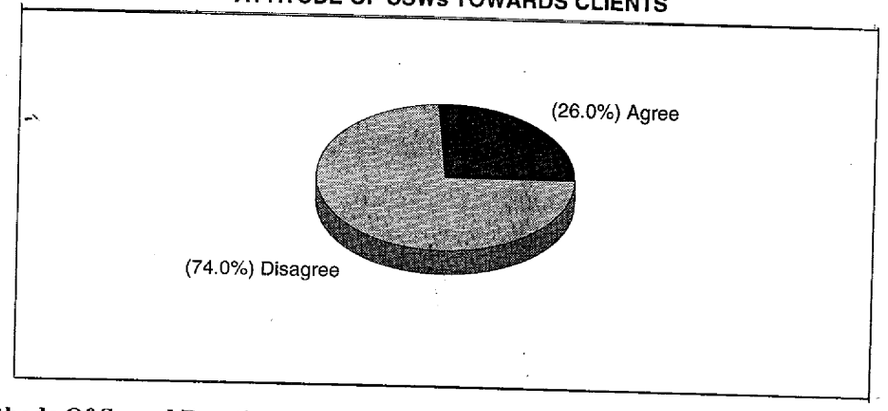
TABLE 6
ACCEPTANCE OF CONDOM USE (N = 42)

Agree to use	Frequency	Percent
Five out of ten	2	5.1
Sex out of ten	1	2.6
Seven out of ten	6	15.4
Eight out of ten	11	28
Night out of ten	6	15.4
Ten out of ten	13	33.3

Attitude Of Csws Towards Clients

Regarding the question what do they do if customers do not agree to use condom, 31 CSWs (11 Khmers, 20 Vietnamese) disagreed with the customers, while 11 CSWs (26%) agreed. Few clients, however, tried to raped them. The reasons for 11 CSWs who agreed to have sex were for money, by threat from both owners and clients and because the clients were so young that they could not use condoms. The attitude of CSWs towards their clients was not significantly different (P = 0.071). between TK and SP (Figure 4).

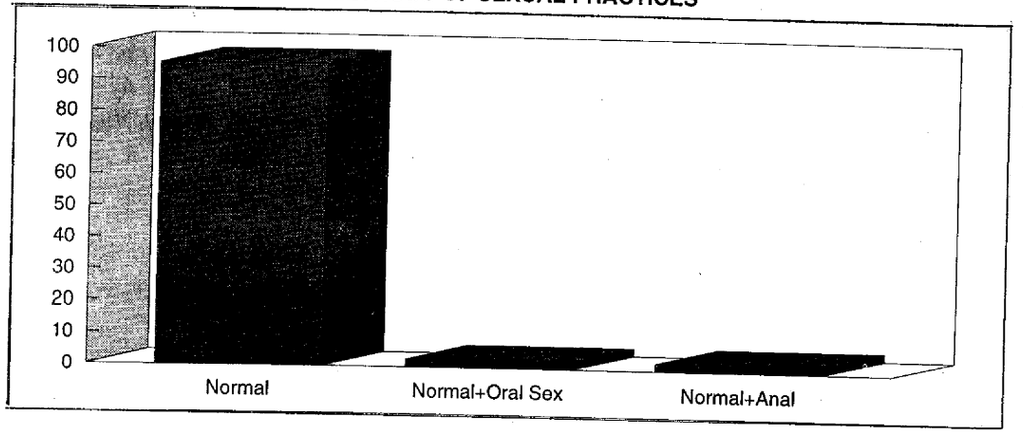
FIGURE 4
ATTITUDE OF CSWs TOWARDS CLIENTS



Methods Of Sexual Practices

Concerning sexual methods, 40 CSWs (95.2%) used normal methods (vaginal intercourse), one CSW (2.4%) practiced normal with anal intercourse and another used normal with oral sex. The methods of sexual practices between TK and SP were similar (P = 0.005). (Figure 5).

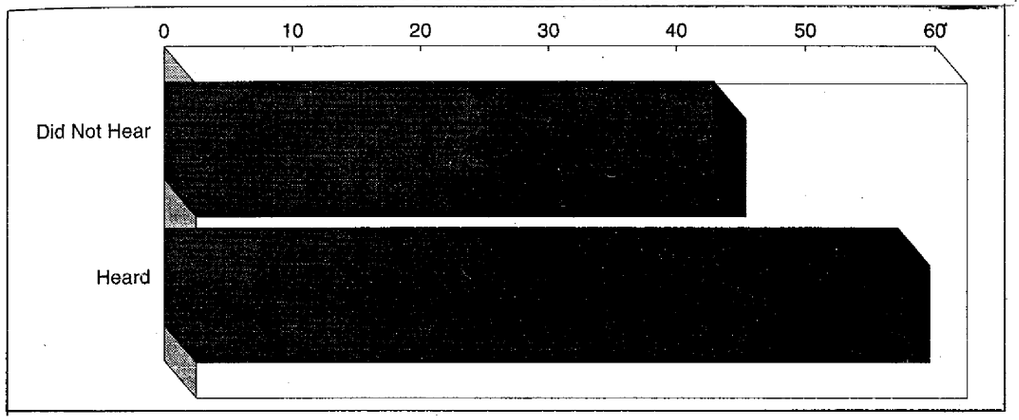
FIGURE 5
METHODS OF SEXUAL PRACTICES



Awareness Of AIDS / SIDA Among Csws

Twenty four (57.1%) out of forty two respondents stated that they had heard of AIDS/SIDA, the rest 18 (42.9%) said that did not hear of it. Among these 24 CSWs, 15 CSWs (10 Khmers and 5 Vietnamese) were in TK (Figure 6).

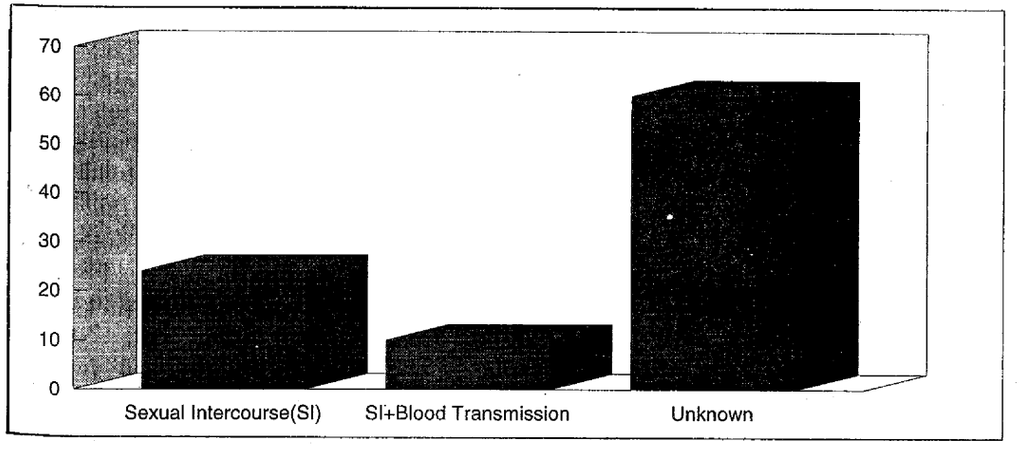
FIGURE 6
AWARENESS OF AIDS/SIDA AMONG CSWs



Knowledge Of AIDS Transmission

There were 11 CSWs (26.2%) who knew that AIDS was transmitted by sexual intercourse without using condom (7 Khmers, 4 Vietnamese). Five Khmer CSWs (11.9%) spoke about sexual relation and blood transmission, whereas 26 CSWs (61.9%) did not know. The mean of knowledge on AIDS transmission was 2.3 with SD 0.87 (Figure 7).

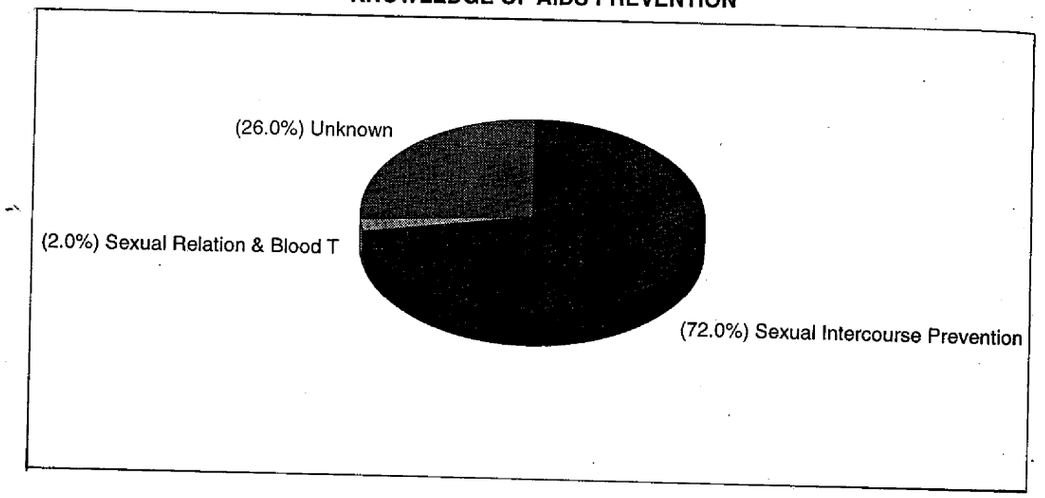
FIGURE 7
KNOWLEDGE OF AIDS TRANSMISSION



Knowledge Of AIDS Prevention

Talking about AIDS prevention, the study found that 30 CSWs (72%) knew very well about condom use as prevention, only one CSWs (2%) mentioned two methods of prevention such as condom use and avoidance of needle sharing. Eleven Vietnamese CSWs (26%) did not know about AIDS prevention. Most of them were in SP and few were in TK (Figure 8).

FIGURE 8
KNOWLEDGE OF AIDS PREVENTION



5. DISCUSSION AND CONCLUSION

5.1 A larger proportion of Vietnamese work as CSWs compared to Khmer people. Almost all CSWs in SP are Vietnamese. The CSWs in SP are slightly younger than CSWs in TK. Khmer CSWs are older than Vietnamese CSWs. Most of the CSWs are single and Khmer divorcees are older than Vietnamese CSWs.

5.2 Very few CSWs have the second job besides prostitution and less than half of CSWs are illiterates. The numbers of years of education between TK and SP CSWs are similar.

5.3 TK has a higher average number of sexual partners per day than SP. A great deal of CSWs required their customers to use condom and most of them agreed to use. Only a few clients disagreed although the CSWs persuaded them. Some CSWs, however, agreed to sleep with clients because of money, threat and young clients.

5.4 There are no differences between attitude of CSWs towards clients of those two sectors. Nearly all CSWs interviewed practice normal method, except two of them who used normal associated with oral sex and anal intercourse. The two sectors almost use the same methods of sexual practices.

5.5 According to the interviews with police officers, we have learned that most of the Vietnamese CSWs practiced both normal and oral sex.

5.6 Above half of the interviewees have heard of AIDS and many of them are in TK. The percentage of Khmer CSWs who are aware of AIDS is higher than Vietnamese CSWs.

5.7 Less than 40% of respondents have known about one or two types of AIDS transmission and over 60% did not know it. We observed however, Khmer CSWs realized AIDS transmission than Vietnamese CSWs.

5.8 Almost all CSWs have required their clients to use condom for preventing AIDS but a small percentage of them used it in order to protect sexually transmitted disease (STD), avoid pregnancy and by following the direction of the owners.

5.9 In brief, nearly all CSWs use normal method (vaginal intercourse). Still many CSWs do not know about AIDS. The awareness of AIDS transmission is not high enough, particularly for the Vietnamese CSWs. Most CSWs require condom use to prevent AIDS and some use it for the other purposes.

5.10 In the study, we had tried our best to ask about injecting drug use among CSWs but we did not find any. This did not mean that Cambodia has no injecting drug use. The reasons for not finding injecting drug use are, on the one hand, the sample size of CSWs studied is very small and on the other hand CSWs are afraid of punishment. Another reason is shyness because injecting drug use is also socially stigmatized in Cambodia. Moreover, the limitation of the target population i.e. CSWs alone, is one of the above-mentioned reasons as well.

5.11 In addition, there is a particular need to carry out further studies on injecting drug use related to HIV risk behaviour in order to control AIDS transmission and wean drug addicts in Cambodia by giving special care and treatment to them.

5.12 We strongly hope that all organizations, institutions and other countries will pay more attention and provide technical and financial support for future research on drug addiction in Cambodia.

Abbreviations

AIDS	:	Acquired Immune Deficiency Syndrome
CSWs	:	Commercial Sex Workers
CNHE	:	Centre National de Hygiene et Epidemiology
HIV	:	Human Immunodeficiency Virus
HSR	:	Health System Research
IDRC	:	International Development Research Centre in Canada
K	:	Khmer
MOH	:	Ministry of health
MRD	:	Ministry of Rural Development
MS	:	Microsoft
NCU	:	Non-acceptance of Condom Use
NMCHU	:	National Maternal Child Health Centre
RCU	:	Requirement of Condom Use
SP	:	Svay Park
SPSS	:	Statistical Package for the Social Sciences
STD	:	Sexually Transmitted Disease
TK	:	Tuol Kork
V	:	Vietnamese
VSO	:	Voluntary Service Overseas

SOME ACHIEVEMENT OF EPIDEMIOLOGIC STUDIES ON DRUG ABUSE IN CHINA

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1. GENERAL SITUATION OF DRUG ABUSE IN CHINA

Drug abuse has become an international public scourge, alarming the whole world, impairing people's health and causing serious social problems. Led by our Party and the Government this problem had been wiped out right after the founding of the People's Republic of China, but in recent years it reappeared in our country. What is more, it had developed to a severe problem in some districts.

The number of drug abusers had increased sharply. About 380,000 drug abusers were reported in 1994. Most of them were distributed in south west and north west parts of the country. The drugs abused were crude opium and heroin and in some areas psychoactive drugs such as Qiang Tong Ding was also abused. Routes of drug administration were either smoking solely or together with cigarette. Yet in some districts, intravenous injection became popular. In 1994, about 40 AIDS and 1500 cases of HIV infection were reported. The most direct way of transmission of HIV was through needles shared by intravenous drugs abusers. In 1994, 3881 kg of heroin and 1700 kg of opium were seized by frontier guards and customs. A total of 10,434 men involved in illegal drug traffic and smuggling were arrested.

2. EPIDEMIOLOGIC STUDIES ON DRUG ABUSE

The epidemiologic studies on opioid drug abuse by cross-sectional study are able to offer estimates on number of abusers in a local area, even in the whole country. It is possible to recognize the area distribution and demographic characteristics of drug abusers. The study was undertaken to collect data concerning the influence of personality and social factors upon drug abuse, the abuse situation in high-risk population, their knowledge and attitude on drug abuse. The data collected were used to give a scientific evaluation on the situation of drug abuse, determine the key population to be protected, put forward the counter-measure for prevention and management of drug abuse, review the policy and measures adopted against drug abuse and provide the scientific basis for legislation, formulation of policy, and to reach the aim of radical prevention and treatment of drug abuse.

Since 1989 under the leadership of Ministry of Public Health and the direction of National Institute of Drug Dependence, a number of epidemiologic studies on drug abuse were carried out in several provinces in China. Some encouraging results were obtained as outlined below:

2.1 Epidemiologic Characteristics Of Drug Abuser

2.1.1 The Demographic Characteristics of Drug Abuse Prevention

The surveillance data on 998 drug abusers from Guizhou and Gansu Drug Abuse Surveillance Network were analysed in 1992. Data are shown in Table 1.

2.1.2 Route of Drug Administration

For opium, the main model of abusing is smoking through long pipe and in some abusers oral opium was used. For heroin, the main route of abusing is smoking simply or together with cigarette. Yet in some districts intravenous or intra-muscular injection of heroin became popular.

2.1.3 Relapse

At present, it was a serious problem to be considered. The data reported by Drug Abuse Surveillance Network revealed that about 95% abuser relapsed within 3 months after detoxification. The average duration from complete detoxification to relapse was 25 days. The etiology of relapse was rather complex.

2.1.4 Polydrug Abuse

In order to obtain stronger feeling of euphoria and reduce the side reactions of some drugs, polydrug abuse took place in some abusers. In Guizhou, opium and heroin were usually used with non-opioids, analgesic drugs. In Gansu, it was usually used together with tobacco, alcohol or sedative-hyponotics.

2.1.5 Accidental Poisoning Due to Overdose of Drugs

An epidemiologic study of cases under emergency treatment in 6 comprehensive hospitals in Beijing was undertaken. A total of 480 rescued cases who were either accidental or premeditated use of drugs or overdose due to drug abuse and use of other chemicals were included in this study. The London Emergency Questionnaire recommended by the WHO was used in this study.

The surveillance data revealed that the main substances of accidental poisoning were alcohol and benzodiazepines. Most of them were young men under 35 years of age. About thirteen percent (13.5%) of them were drug abusers. About half of abusers had experienced accidental poisoning last year.

2.2 Study And Analysis Of Psychological Factors In Drug Abuses

The relationship between psychological factors with drug abuse had been demonstrated by the epidemiologic data. It was indicated that the psychological factors leading to drug abuse differed for different abusers depending, upon sex, age, level of education and social classes. Also it was shown by the social psychologic studies that one would abuse drug after experiencing serious mental suffering.

2.2.1 Study of the Relationship Between the Life-events and Drug Abuse

A case - control study of the relationship of drug abuse with life events, coping style and family function was carried out. Seventy eight (78) opioid abusers were chosen as a case group. By pair-matching method 78 healthy individuals of same sex and comparable in age group (5 years), living district, marital status, nationality, occupation, level of education and no history of drug abuse were chosen as the control group.

A life event scale composed of 36 items was drawn up and was used to inquire the case group about the frequency of life events and the intensity of perception they experienced. The information obtain was recorded immediately.

The same scale was used to inquire the control group in the same manner and at the same time.

Andrew's scale and APGAR scale were used to inquire coping style and family function respectively. Scores were recorded according to uniform criteria. Data collected are shown in Table 2, Table 3 and Table 4.

It should be emphasized that the cases in this study were opiate abusers already and it was well known that there were some shortcomings in case - control study itself. Therefore although there were some distinct differences between these two groups in life - events, frequency and intensity in perception, yet a causal relationship could not be established between the frequency of life - events, coping style and intensity of perception with drug abuse.

2.2.2 Psychological Study and Analysis of Female Opiate Abusers

A psychological study and analysis of 60 female opiate abusers was conducted in 1991 in Shi An, Shan Shi Province. The psychological factors affecting female drug abuse are shown in Table 5.

Owing to the opiate abuse, serious consequences occurred to the female addict and her family. These are shown in Table 6 and Table 7.

2.2.3 Psychoactive Drug Use by College Students

Nowadays, use and abuse of psychoactive substances were serious social problems confronted by many countries. As we know utility rate of psychoactive drug was increased and at the same time the daily dosage was enlarged. In order to understand the usage of psychoactive substances (including alcohol and cigarette) in college students, a cross-sectional study was undertaken at 3 universities in Beijing area by the National Institute on Drug Dependence in 1991.

Students were recruited by cluster sampling method. The questionnaire was self-reported anonymously and was handed in at the end of self - reporting. Students were also assured that the information they reported was confidential and would in no way be held against them. The questionnaire was composed of 4 sections. These were demographic characters, the usage of various kinds of psychoactive substances, its causes and consequences. The questionnaire was close-ended. The survey data were calculated by SPSS soft ware and is shown in Table 8. The psychoactive drugs used by students were as follows in rank. Male students: alcohol, cigarette, antipyretic-analygesics, tranquilizers, opiates and stimulants during their lifetime, over past year and past month; female students: alcohol, antipyretic- analgesics, tranquilizers, cigarette, opiate and stimulants during their lifetime but alcohol antipyretic-analygesics, cigarette, tranquilizers, opiates and stimulants during their past month and past year. Nonmedical use of legal psychoactive drugs was reported by a few students. Illicit drug use during past year was reported by some students at the three universities. The main reason for the students using illicit psychoactive drugs except alcohol and cigarette was treating disorders. The existing illegal

drug use among the students was to seek pleasure and relieve annoyance. This suggested that there were some unhealthy psychological factors in university students.

An analysis of the attitude to drug use in some middle school students in Beijing was conducted in 1993. The results showed some aspects of students attitude on the reason, dependence, impairment and social-harm of drug use. Some students were unclear about drug abuse and consequence of drug abuse. And there were differences between the male and female students ($P<0.05$) in the attitude to drug abuse. More propaganda on drug use and abuse was needed, so as to prevent teenagers from attempting drugs.

3. IMPAIRMENTS OF ORGANS AND TISSUES IN DRUG ABUSER DUE TO HEROIN ABUSE

3.1 A number of studies was undertaken to explore the impairment of liver, heart and kidney functions of drug abusers. Results are shown in Table 9.

GPT, GOT, LDH, ALP, - GT, - MG, BUN and Cr levels in blood were measured, the results of which (except BUN) showed significant difference between control and heroin groups. There were different degrees of injuries in the liver, heart and kidney of heroin addicts.

3.2 A study of changes in blood routine of 300 heroin addicts was carried out in Guangzhou. The results was shown in Table 10.

The results were as follows:

(i) the hemoglobin level of the addicts was lower than that of normal; the red blood cell counting was less, indicating a significant difference from the normal ($P < 0.01$). This appears to be caused by malnutrition of the heroin addicts;

(ii) the total white blood cell as well as neutrocyte of the addicts was higher, significantly different from those of the normal. This might result from skin and general infection caused by inhaling or injecting contaminated drug or by severe symptoms following drug withdrawal;

(iii) the addicts counting was lymphocyte less than that of the control, showing significant difference ($P < 0.01$). It would suggest that cellular immunologic functions might be damaged by long term heroin abuse.

Therefore, it was suggested to find out the sources of infection, determine venereal diseases routinely, direct efforts against certain specific infection and use immunologic function strengthening medicines properly in the treatment of hospitalized drug abusers.

3.3 Besides, a study on the changes of blood TSH, T3, T4C - peptide and Testosterone concentration in heroin addicts was conducted in Nei Mongol Mental - Health Centre, Huhhot. The results are shown in Table 11.

Blood concentrations of TSH, T3, T4, C-peptide and testosterone in 39 heroin addicts and 37 healthy volunteers were determined by radiommunoassay. The changes of each index between two groups were compared. The results showed that compared with the control group the concentration of TSH in 39 heroin addicts was decreased, but the difference was not significant (decreasing rate 24.4%, $P > 0.05$); T3 concentration in 39 addicts decreased apparently (decreasing rate 29.4%, $P < 0.01$); T4 concentration in male addicts ($n = 29$) increased more obviously (increasing rate 44.8%, $P < 0.01$), but in female addicts ($n = 10$), decreased more apparently (decreasing rate 36.6%, $P<0.01$); C - peptide concentration in male addicts increased ($P < 0.05$), but in female addicts the difference was not significant ($P > 0.05$); testosterone concentration in the male addicts decreased (decreasing rate 20.5%, $P < 0.01$), but in female addicts increased obviously (increasing rate 230.8%, $P < 0.01$).

TABLE 1

DEMOGRAPHIC CHARACTERISTICS OF DRUG ABUSERS (N = 998)

Items	Guizhou province (n = 430)		Gansu province (n - 568)		Total (n = 998)	
	n	%	n	%	n	%
Sex						
Male	397	92.3	504	88.7	901	90.3
Female	33	7.7	64	11.3	97	9.7
Nationality						
Han	426	99.1	491	86.4	917	91.9
Man	0		70	12.3	70	7.0
Others	4	0.9	7	1.2	11	1.1
Age (year)						
≤ 20	39	9.1	51	9.0	90	9.0
21 - 30	186	43.3	457	80.5	643	64.4
31 - 40	19	4.4	57	10.0	76	7.6
41 - 50	7	1.6	1	0.2	8	0.8
51 - 60	12	2.8	0		12	1.2
> 60	167	38.8	2	0.4	169	16.9
Marital Status						
Single	202	47.0	395	69.5	597	59.8
Married	201	46.7	146	25.7	347	34.8
Widowed	20	4.7	2	0.4	22	2.2
Divorced	7	1.6	21	3.7	28	2.8
Separated	0		4	0.7	169	16.9
Occupation						
Worker		17.2	193	34.0	267	26.8
Farmer	74	18.6	8	1.4	88	8.8
Vendor	80	16.7	52	9.2	124	12.4
No job	72	43.0	202	35.6	387	38.8
Technicians	185		67	11.8	67	6.7
Commercial assistants	0		37	6.5	37	3.7
Others	0	4.4	9	1.6	28	2.8
	19					
Education						
Illiteracy		20.7	16	2.8	105	10.5
Primary school	89	27.9	74	13.0	194	19.4
Middle school	120	44.9	362	63.7	555	55.6
High school	193	6.1	113	19.9	139	13.9
University	26	0.5	3	0.5	5	0.5
	2					

TABLE 2

FREQUENCY COMPARISON BETWEEN OPIATE ABUSE AND CONTROL GROUPS IN 14 LIFE EVENTS

Live Events	X^2	OR	P
Marital separation or sex difficulties	5.82	10.00	< 0.05
Dereliction of duty and punished	9.39	8.00	< 0.01
Trouble with issues of law	4.92	5.50	< 0.05
Lost warmth of living in family during childhood	7.58	5.33	< 0.01
Broke rules and regulations and warned or detained	10.24	5.25	< 0.01
Leaving home	15.57	5.17	< 0.01
Bickering endlessly with spouse	4.27	4.00	< 0.05
Frightened	6.05	4.00	< 0.05
Does not keep his/her mind on present work	7.26	3.50	< 0.01
Death of main family member	7.50	3.29	< 0.05
Discord among family members	4.00	2.57	< 0.05
Disappointed in a love affair	5.92	2.45	< 0.05
Close family member suffering from acute and serious illness	4.69	2.27	< 0.05
Divorce	7.11		< 0.01

TABLE 3

COMPARISON OF INTENSITY PERCEPTION BETWEEN OPIATE ABUSE AND CONTROL GROUPS IN 14 LIFE EVENTS

Live Events	X2 ± s*	OR	P
Marital separation or sex difficulties	0.23 ± s. 0.08	2.75	< 0.01
Spouse has lover	0.23 ± s 0.09	2.53	< 0.05
Misunderstood or blamed by someone	0.38 ± s 0.14	2.69	< 0.01
Lost warmth or living in family during childhood	0.40 ± s 0.12	3.27	< 0.01
Broke rules and regulations and warned or detained	0.49 ± s 0.14	3.58	< 0.01
Leaving home	0.53 ± s 0.14	3.86	< 0.01
Bickering endlessly with spouse	0.24 ± s 0.10	2.56	< 0.01
Frightened	0.32 ± s 0.11	2.87	< 0.01
Does not keep his / her mind on present work	0.40 ± s 0.15	2.65	< 0.01
Death of main family member	0.50 ± s 0.18	2.73	< 0.01
Discord among family members	0.42 ± s 0.17	2.51	< 0.05
Disappointed in a love affair	0.40 ± s 0.20	1.99	< 0.05
Close family member suffering from acute and serious illness	0.17 ± s 0.07	2.33	< 0.05
Divorce			

* $\bar{x}$: the mean of the difference value between case and control groups

TABLE 4

COMPARISON OF RESULTS FROM ISSUES OF LIFE EVENTS, COPING STYLE AND FAMILY FUNCTION BETWEEN OPIATE ABUSE AND CONTROL GROUPS

	Live Events		Coping Style	Family Function
	Frequency	Intensity of perception		
X ± s	3.47 ± s 0.80	7.33 ± s 1.76	- 0.76 ± s 0.27	- 0.36 ± s 0.36
t	4.38	4.17	- 2.83	- 1.00
P	< 0.01	< 0.01	< 0.01	> 0.05

TABLE 5

CERTAIN FACTORS AFFECTING FEMALE DRUG ABUSE

Pschological Features	No. of cases	%
Spouse of partner's influence	36	60.0
Peer influence	6	10.0
Pleasure - seeking	3	5.0
Changing sexual desire	4	6.6
Anti - social action	4	6.6
Self - destruction	3	5.0
Treating disease	2	3.3
Depression, agony	2	3.3

TABLE 6

PERSONAL STATUS OF 60 FEMALE DRUG ADDICTS AND THEIR CHILDREN'S STATUS

Personal Condition	n	%	Children's Status	n	%
Divorced	4	6.6	Raised by grandmothers	22	50.0
Separated	16	26.6	Free to use money for food	6	13.6
Driven out from home	12	20.0	Drop out during school age	6	13.6
Imprisoned	22	36.6	Looked after by a baby - sitter	10	22.5
Marriage relations kept	6	10.0			

Note: 16 females are single

TABLE 7

60 FEMALE DRUG ADDICTS' FAMILY ECONOMIC CONDITIONS

Item	Predrug-taking		Post drug-taking	
	n	%	n	%
Over Y 300 000	4	6.6		
Over Y 200 000	6	10.0		
Over Y 100 000	18	30.0		
Over Y 50 000	24	40.0	8	13.3
Over Y 20 000	6	10.0	10	16.6
Less than Y 20 000	2	3.3	12	20.0
In debt			8	13.3
Selling properties			12	20.0

TABLE 8

DISTRIBUTION OF THE MALE STUDENTS IN DRUG CONSUMPTION

Drug	Life time (%)			Past year (%)			Past month (%)		
	B	R	Q	B	R	Q	B	R	Q
Opiate	3.3	4.2	2.9	1.2	1.6	1.0	0.4	0.5	0.3
Antipyretic-analgesic	47.0	42.0	41.5	18.0	14.2	13.7	5.4	3.5	2.2
Tranquillizer	20.0	22.8	20.5	8.5	8.6	5.7	2.3	1.6	1.1
Alcohol	90.6	86.1	86.0	68.3	1.2	64.3	45.0	38.9	34.4
Tobacco	64.6	66.0	60.9	47.3	7.2	43.1	31.2	32.9	28.4
Stimulant	0.2	1.1	1.6	0.2	0.6	0.4	-	0.2	0.2
Cocaine	-	0.6	0.5	-	-	0.3	-	0.1	0.3
Marijuana	-	1.0	0.5	-	0.2	0.3	-	0.1	0.3
Hallucinogen	-	0.3	0.2	-	-	0.2	-	0.1	0.1

TABLE 9

RESULTS OF DETERMINATIONS IN TWO GROUPS (MEASUREMENTS)

No. Of Cases	Group under investigation n - 100	Control n = 60	T	P
GPT (u / L)	70.90 ± s 69.90	22.41 ± s 11.09	6.79	< 0.01
Y - GT (u / L)	39.67 ± s 44.88	13.31 ± s 10.07	5.64	< 0.01
ALP (u / L)	74.29 ± s 50.93	47.49 ± s 17.49	4.73	< 0.01
GOT (u / L)	40.37 ± 35.43	14.41 ± s 4.23	7.25	< 0.01
LDH (U / L)	136.61 ± s 137.10	82.34 ± s 15.06	3.92	< 0.01
β_2 - MG (U / L)	3584.66 ± s 1952.69	1930.31 ± s 601.94	7.87	< 0.01
BUN (mmol / L)	4.78 ± s 1.43	4.67 ± s 0.90	0.61	< 0.05
Cr (umol / L)	85.77 ± s 97.75	62.66 ± s 12.50	2.33	< 0.05

TABLE 10

CHANGES IN BLOOD ROUTINE TEST IN HEROIN ADDICT (X ± S)

	Hb ($g \cdot L^{-1}$)	RBC ($\times 10^{12} \cdot L^{-1}$)	WBC ($\times 10^{9} \cdot L^{-1}$)	N	L
Control group	143.70 ± s 18.50 (n = 300)	5.07 ± s 0.60 (n = 300)	6.32 ± s 1.52 (n = 300)	0.61 ± s 0.06 (n = 205)	0.39 ± s 0.07 (n = 205)
Drug-using group	128.15 ± s 17.30** (n = 300)	4.46 ± s 0.56** (n = 300)	8.90 ± s 3.10** (n = 300)	0.68 ± s 0.08** (n = 300)	0.30 ± s 0.08** (n = 300)
t	5.13	16.05	12.76	9.33	12.33

** $p < 0.01$

TABLE 11

COMPARISON OF THE BLOOD CONCENTRATION OF TSH, T_3, T_4, C - PEPTIDE, TESTOSTERONE BETWEEN HEROIN ADDCICT GROUP AND THE CONTROL GROUP

	Male			Female		
	Heroin addict group (n = 29) x ± s	Control group (n = 26) x ± s	Change rate# %	Heroin addict group (n = 10) x ± s	Control group (n = 11) x ± s	Change rate# %
TSH ($uIU \cdot L^{-1}$)	1.47 ± s 0.91	1.68 ± s 1.51*	- 12.5	1.71 ± s 1.18	3.44 ± s 2.70*	- 50.3
T3 ($nmol \cdot L^{-1}$)	1.13 ± s 0.48	1.42 ± s 0.58**	- 20.4	0.59 ± s 0.36	1.45 ± s 0.44***	- 61.4
T4 ($nmol \cdot L^{-1}$)	154.36 ± s 53.20	106.60 ± s 32.03***	44.8	90.06 ± s 17.31	142.10 ± s 27.85***	- 36.6
C-peptide ($pmol \cdot L^{-1}$)	2.38 ± s 1.11	1.86 ± s 0.62***	28.0	1.79 ± s 1.04	2.24 ± s 0.59*	- 20.1
Testosterone ($nmol \cdot L^{-1}$)	13.69 ± s 5.58	17.23 ± s 4.64***	- 20.5	0.86 ± s 0.47	0.26 ± s 0.24***	230.8

\# Change rate = Xh - Xc%
* $p > 0.05$
** $P > 0.05$
*** $p < 0.01$

ALCOHOL PROBLEM IN CHINA

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1. INTRODUCTION

Alcohol abuse is an important problem in the world. In terms of alcohol consumption in the world, China ranks third. From the prevaling investigations, many liver cirrhosis and nervous disorders were caused by alcohol abuse. Wine is also native to China.

2. ALCOHOL CONSUMPTION IN CHINA

From 1984 to 1993 the production of wine in China increased especially in the nineties. This situation indicates that alcohol abuse will become a serious problem in the future (Table 1). In Beijing the beer production also increased rapidly (Table 2).

3. EPIDEMIOLOGICAL STUDIES

3.1 Heavy Drinking And Nervous Disorders

Based on the investigations of a population of 25,000 in 4 provinces and 12 regions in China, we found the morbidity of nervous disorders to be related with the alcoholics especially in the national minority districts (Table 3).

3.2 Investigations On Alcohol Dependence

In 1992 a report on alcohol dependence indicated that alcohol abuse will become a serious problem in China ((Table 4). From the studies of 50,000 alcoholics, the following factors are important, i.e. gender, occupation, race, age, family income etc.

Gender:	Male: Female	alcoholics 1.8:1
Occupation:	Labor	68.89%
	Staff	24.91%
	Scientist	17.69%
Race:	Korea	17.69%
	Manchu	64.10%
	Hui	57.14%
	Han	30.74%
Age:	20 - 29 years	16.75%
	40 - 49 years	53.98%
	60 - 65 years	32.22%
Family income:	High level	15.03%
	Low level	56.25%

3.3 Alcohol And Hepatic Disease

From the investigation on 1392 cases of B - Virus carrier patients, we found that the hepatic injury become severe with heavy drinking (Table 5, 6, 7)

TABLE 1

WINE PRODUCTION IN CHINA

Year	Total quantity	Beer	White wine	Yellow wine
1984	711.3	224.0	317.4	62.3
1986	985.0	412.9	350.6	86.8
1988	1357.3	662.7	467.4	85.9
1990	1385.3	692.2	513.9	75.6
1991	1538.9	838.7	524.5	80.6
1993	1840.0	1175.0	539.0	97.0

Unit: 10^4 tons

TABLE 2

BEER PRODUCTION IN BEIJING

Year	10^4 tons/annum
1982	9
1985	11
1989	23
1990	29
1991	40
1992	54
1993	60

TABLE 3

DRINKING AND NEUROSIS

Region	Morbidity/mill
Sandong	0.31
Beijing	2.29
Chongging	4.45
Hubei	6.61
Drogen nationality	43.09
Dai nationality	35.0
Dai nationality	30.0
HeZhen nationality	12.54
Li nationality	3.03
Kore district	79.61
Beijing	45.25
Qingdao	36.82
Harbin	36.27
ChangChung	17.37
Henan	15.86

TABLE 4

INVESTIGATIONS ON ALCOHOL DEPENDENCE

Total population	44920 cases	Percentage
Neuroris	1674	37.27
Physical Dependence	897	53.6
Phychological Dependence	467	27.9
Physical Dependence	897 cases	53.6
1. Neurological disorder		39.6
2. Digestive system disorder		31.6
3. C - V system disorder		11.0
4. Sexual dysfunction		17.6
Phychological Dependence	467 cases	27.9
1. Withdrawal syndrome		17.0
2. Psychosis		4.9
3. Abnormal personality		4.3

TABLE 5

DRINKING AND HEPATIC DISEASE

	Cases	Carrier	Hepatitis	Cirrhosis	Cancer
Drinking	351	63.7	13	19.4	1.9
No drinking	1040	83.1	10	6.7	0.2

TABLE 6

DRINKING AND FATTY HEPATITIS

	Drinking	No Drinking
Carrier	44.6 (101)	5.1 (396)
Chronic cirrhosis	36.4 (88)	7.7 (208)
Chronic hepatitis	31.8 (129)	5.5 (380)

TABLE 7

DRINKING AND HCV POSITIVE

	Drinking	No Drinking
Carrier	44 (45)	13 (160)
Chronic cirrhosis	52 (42)	8.7 (127)
Chronic hepatitis	40 (66)	11.8 (144)

By serum HCV test

DEPENDENT CHARACTER OF BUPRENORPHINE IN LONG PERIOD USE FOR CANCER PAIN AND OPIATE ADDICTS

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1. INTRODUCTION

Buprenorphine hydrochloride (Bup) is a partial opiate agonist. Clinically Bup is a morphine-like effective analgesic and a substitute for opiate addicts with its long acting duration action. Bup also has a long antagonist action similar to that of naltrexone. In China, Bup has been used as an analgesic in clinical medication since 1990 and as a substitute for the detoxification of opiate addicts in clinical trials in 1993. Our focus is the dependent potential of Bup when it is used for a long period in managing pain and treatment of opiate addicts.

2. MATERIAL AND METHODS

2.1 Cases

One thousand and ten (1010) patients in pain were chosen from 20 cancer hospitals, both males and females, between 20 - 60 years of age and who were suffering moderate to severe pain.

Two thousand (2000) opiate addicts of 8 detoxification agencies participated in this study, most of them are young people, between 18 - 30 years of age.

2.2 Methods

Inpatients with moderate or severe pain were all treated by injection of bup. The initial doses used were 0.15 mg or 0.3 mg a time per person. The duration of bup administration was more than one week. Three measurements were taken during or after treatment.

(i) How does tolerance develop?

(ii) Did the mood of patients change?
How do the patients feel towards the drug?

(iii) Assess the presence of withdrawal syndrome after the administration of bup was discontinued?

Once addicts were treated with bup injections or sublingual (s1) tablet in 1 - 3 week dose - gradually reducing program. Patients were observed one week after completion of the program, to determine as to whether they were dependent on bup. Mood change and craving for bup were assessed.

3. MAIN RESULTS

3.1 Tolerance And Physical Dependence In Pain Patients

The 1010 cases of pain patients chosen from 20 cancer hospitals were studied: 940 with cancer pain and 60 with other chronic pain. Among them, 70 percent of patients took an initial dose of 0.15 mg and 30 percent of them 0.3 mg. The period of bup administration was between 1 - 12 weeks. The situation of pain patients, the duration of using bup and the cases of bup - tolerance are listed in Table 1.

Tolerant cases: Among these cases the bup dosage was increased gradually. The results show that if the duration of using bup was more than 4 weeks, most of the bup - user developed tolerance.

154 cases who developed bup tolerance were observed one week after completion of the to determine whether they were dependent on bup. If they have some withdrawal syndrome, that means they have developed physical dependence on bup. Some of them do have opiate withdrawal syndrome if they had used bup for more than 4 weeks. Among cases whose duration of bup - using were longer, the percentage found with physical dependence was higher. The physical dependent situations in 154 cases are listed in Table 2.

Most of the withdrawal syndrome observed in the 24 cases were mild, such as anxiety, headache, yawning, dyskoimesis, etc. Without special treatment they all got along, but 7 cases with dyskoimesis used some benzodiazopines for 2 or 3 nights. We also found 7 cases with duration of bup use of more than 8 weeks. These cases said that they felt "euphoria" after 30 minutes of injecting bup. When the doctor ask them to describe the euphoria, they said it is better than the euphoria induced by heroin and that they liked the bup, because it relieves pain.

3.2 Dependent Situation In Bup - Treatment Opiate Addicts

Data were collected from 2000 cases 8 detoxification agencies, 1600 cases were treated by im bup in 7 - 12 days and 400 cases by sl bup tablets in 8 - 16 days followed by 4 days of placebo. Most of them are heroin addicts (87%), others are dihydroetorphine addicts. The dose schedule (mg x 3/day) are:

im 0.6 x 3 + 0.45 x 2 + 0.3 x 1 + 0.15 x 1
(7 Days)

0.9 x 3 + 0.6 x 2 + 0.45 x 2 + 0.3 x 2 + 0.15 x 1
(10 Days)

1.2 x 3 + 0.9 x 2 + 0.6 x 2 + 0.45 x 2 + 0.3 x 2
+ 0.15 x 1 (12 Days)

sl 1 x 3 + 0.70 x 2 + 0.5 x 1 + 0.4 x 1 + 0.2 x 1 + 0 x 4
(12 Days)

2 x 3 + 1.5 x 2 + 1.0 x 2 + 0.7 x 1 + 0.5 x 1 +
0.4 x 1 + 0.2 x 1 + 0 x 4 (15 Days)

3 x 2 + 2.5 x 2 + 2 x 2 + 1.5 x 2 + 1.0 x 1 + 0.7
x 1 + 0.5 x 1 + 0.4 x 1 + 0.2 x 1 + 0 x 5
(20 Days) (0 = placebo)

All the patients were observed after 5 - 7 days when they finished bup detoxification program. Among them no one felt euphoria or high in the treatment period.

No one had the opiate withdrawal sign in the 5 - 7 days after discontinuing bup treatment. There were nine cases who asked to use bup (im) every night after treatment. They said if they get im bup, then it's easy for them to go to sleep. In those cases, we asked the doctors to administer saline injection instead of bup, and to see what happened to them? To our

surprise, we found the "Addicts" also got the same results as im bup does. So we know they depended on injection, not really on "drug" bup. This finding taught us to add a "placebo therapy" to the bup detoxification program and use small doses of bup to prevent relapse.

In review of bup's dependent character in clinical use, and comparing with morphine and methadone, bup is a safe analgesic for pain patients and detoxification agent for opiate addicts with lower dependent potential.

TABLE 1

THE SITUATION OF PAIN CASES AFTER BUP TREATMENT

Duration (weeks)	Number of cases	Number of cases who developed	Percentage (%)
1	96	0	0
2	441	80	18
3	288	90	31
4	52	40	77
5 - 8	101	99	98
9 - 12	32	32	100
Total	1010	331	33

TABLE 2

PHYSICAL DEPENDENT SITUATION IN REPEATED BUP USERS

Duration (weeks) of bup use	Number of cases	Numbering of patients with withdrawal symptoms	Percentage (%)
2 - 3	54	0	0
4 - 5	42	5	12
6 - 8	26	7	27
> 8	32	12	38
Total	154	24	16

SOCIOLOGICAL INVESTIGATION ON DRUG ABUSERS IN KUNMING AREA

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1. BACKGROUND

Drug is one of the major problems, facing our world of today. Up till now at there at least 50 million people from all nations which have been invaded by all kinds of drugs, and there is one drug abuser for every 120 persons of the world population. The cost of drugs is over 300 billion. The world is flooded with drugs.

Drugs (such as opium) are mainly produced in the Golden Triangle Area (including, the north of Thailand, Laos and Myanmar and the Golden Crescent Area (including Iran, Pakistan, Afghanistan and North Africa). The Golden Triangle is bordering our Yunnan Province for a long distance and drugs are trafficked via Yunnan to Hong Kong and other areas in the world.

The Golden Triangle produces over 3000 metric tonnes of opium per year. The distance between Yunnan province and this drug zone is just around 100km. In 1995 over 5,000 kg of drugs seized in Kunming.

Drugs entered China rapidly along with the open door policy. In 1985 there were only 500 heroin addicts in Kunming, but from March to May, 1991 the number of drug dealers reached 735, whilst the number of drug users increased to 3659. From January - May, 1991, there were 39 deaths due to heroin overdose. In 1994 the number of drug abusers increased to 100,000.

2. GENERAL CONDITION OF DRUG USERS

The investigation on drug abusers in Kunming from 1991 to 1995, found that drug abusers mainly took heroin and two patients from Taiwan took marijuana. Other types of narcotics were not used.

The general condition of drug users based on an investigation of 580 heroin addicts is shown in Table 1. From the investigation, we conclude:

TABLE 1

A GENERAL CONDITION OF DRUG USERS

	No. of Heroin Addicts	Percentage (%)
Sex		
Male	456	78.62
Female	124	21.88
Age		
< 15	21	3.62
16 - 29	525	90.52
30 - 50	26	4.48
51 -	8	1.38
Nationality Home	557	96.03
Ruslin	23	3.97
Other	7	1.2
Career worker(s)	31	5.34
Farmer(s)	28	4.82
Self-employed	189	32.58
Driver(s)	51	9.86
Cadre(s)	12	2.07
Teacher(s)	4	0.7
Actor/actress(es)	4	0.7
Unemployed	260	44.82
Marital Status		
Marriage	128	22.07
Unmarried	322	55.52
Divorced	54	9.31
Cohabit(s)	76	13.10
Educational Level		
College graduates	7	1.22
Senior middle school graduates	28	4.82
Junior middle or primary school graduate	544	93.79
Illiterate	1	0.17

The proportion between male and female is 3:7:1, average age is 26.2 ± 3.81.

TABLE 2

THE PERIOD, VARIETY, DOSAGE AND THE WAY OF DRUG USING

Period (Years)	Number of Patients	Percentage (%)
< 1	128	22.06
1 -	183	31.55
2 -	165	28.45
3 -	72	12.41
4 -	32	5.53
Variety		
Heroin	570	98.28
Opium + heroin	8	1.38
Heroin + marijuana	2	0.34
Way of abusing		
Inhalant during burning	201	34.65
Intravenous injection	178	30.69
Inhalation during burning + injection	199	34.31
Opium pipe	2	0.34
Dosage (g/day)		
0.10 -	44	7.59
0.6 -	167	28.79
1 -	287	49.48
2 - 3	66	11.38
4 - 5	16	2.76

The longest drug taking period is over 6 years, and the shortest is one month. 91% of the primary users smoke cigarette with drugs inside; 88/89% rapidly switched from smoking to intravenous injection and even to arterial injection. (Table 2)

Drugs taken less then one time per day accounts for 23 cases (3.96% out of 580 cases); 2 - 3 times per day is 288 cases (99.66%); 4 - 5 times per day 240 cases (41.38%); over 6 times per day 28 cases (4.84%); over 12 times per day 1 case (0.17%).

From the period of drug taking, we can tell that it intends to increase. (Table 3)

TABLE 3

STARTING TIME, NUMBER AND PERCENTAGE OF FIRST TIME OF DRUG ABUSE

Time	Number	Percentage
1989	8	1.38
1990	11	1.89
1991	15	2.58
1992	165	28.45
1993	183	31.56
1994	198	34.14

In Kunming, due to the strong actions taken against the drug dealers, and the compulsory measurements implemented on the drug users together with public education on drugs, the rate of increase of drug taking has decreased.

2.1 The Reasons For Initial Drug Taking

(i) Driven by curiosity: 292 cases (50.34%)
(ii) Benighted to show wealth and status through drug taking: 20 cases (3.45%)
(iii) Influenced into taking drugs by others and drug traffickers: 151 cases (26.04%)
(iv) Break up of marriage / failure of career: 69 cases (11.89%)
(v) Seeking excitement / feel lonely or depressed: 32 cases (5.53%)
(vi) Result of curing diseases: 16 cases (2.75%)

Conclusion: There is a close relationship between environment / lack of the spiritual balance and initiation of drug use.

Slightly over seventy percent (70.5%) of drug addicts had the experience of detoxification, but 95 percent relapsed after detoxification. The reasons for relapse include the following:

(i) Psychological and physical dependence after stopping drug use (65%)
(ii) Unable to stand withdrawal syndrome (40%)
(iii) Seek irreplaceable sensation (35%)
(iv) Unable to be free from the influence of others around (70%)
(v) Easy access to drugs (20%)

All the drug users have had a history of cigarette smoking for 5 - 10 years, and the rate of smoking is between 50 - 200 cigarettes per day, so efforts to stop smoking is very important.

2.2 The Effects Of Drug Taking On Organism

(i) Sallow and emaciated, dispirited and inert (91.4%)
(ii) Inefficiency in study and work (90.5%)
(iii) Failing of memory (89.5%)
(iv) Insomnia (70%)
(v) Addicted to sleep (29.1%)
(vi) Depressed, strange behavior (29.1%)
(vii) Excited, agitated, dizzy, headache (58.6%)
(viii) Unable to lead a normal sexual life (84%)
(ix) Cause poisoning reaction (11.49%)
(x) Impairment of brain, lung, heart and other organs to varying degrees (64%). Manifestation: slow wave or fast wave in EEG, decrease of aerating function of lung, swelling of bronchus mucosa, decrease of elasticity of skin, atrophy of gum and nasal mucosa, endocrinopathy.

There are several diseases that are associated with drug taking. The main one is venereal diseases (gonorrhea, syphilis) (16.5%). Scabies accounted for 21.3%.

A high percentage of drug addicts with HIV infection in the frontier region are found in Yunnan Province. Among the 1990 cases reported in China, 389 cases are from Yunnan.

2.3 The Effects Of Drug Taking On Society And Family

Ninety five percent (95%) of drug addicts are selfish, always lying, shameless, slovenly dressed, demoralized, negligent in their work and grow old easily.

Eighty five percent (85%) of drug addicts are indifferent to their families and lose their sense of responsibility towards society. Regardless of wife, children, the young or the old, they sell the belongings of their families for drugs.

The amount that drug addicts spend on drugs is about 10,000,000 yuan at the most and 10,000 - odd yuan at the minimum.

The money for drugs made by 85.5 percent of male drug addicts is from selling off family property, borrowing money, practicing fraud and trafficking in drugs.

The money for drugs made by 73.68% of female drug addicts is from cheating, selling, stealing and prostitution.

Thirty nine people died of drug taking according to the statistics from January to March, 1991 and about 200 people in 1992.

Complications are continuously increasing after drug taking, for example, pneumonia, septicemia, leg embolism, serious skin infection, phlebitis, hepatitis and myocarditis obviously increased to 9.65%.

It can be seen from the survey of 580 cases that:

(i) Majority of the drug addicts are young people;
(ii) Rapid increase of dosage;
(iii) Rapid change from inhaling to intravenous injection;
(iv) Quickly cause physical and psychological damage;
(v) Fifteen percent (15%) of thiefs, whoremasters, prostitutes and gamblers in society once had the experience of taking drugs;
(vi) The cycle formed: drug taking-criminal offense-sentence.

3. CONCLUSION

Therefore, a movement is being launched in China which aims at cracking down on growing trafficking and drug taking.

In respect of therapy, western medicine combined with traditional Chinese medicine is being tried to find treatment methods for stopping drug taking. At present the two-stage therapy is proposed:

- at the first stage, the treatment of a combination of western medicine and traditional medicine is used to divorce addicts from drugs;

- at the second stage, psychological recovery, behavior and moral education and medical treatment for physical and psychological dependence such as using Naltrexone and traditional Chinese medicine are used.

THE DRUG DEMAND SITUATION IN YUNNAN

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1. REVIEW OF THE DRUG ABUSE PROBLEM IN YUNNAN

Since 1982, international drug traffickers have smuggled opium and heroin from the infamous "Golden Triangle" to Hongkong, Macao and other countries by way of China's Yunnan province. Drug addiction has become prevalent in the province on this international drug trafficking route and is spreading to other provinces. In 1994, Yunnan provincial Narcotics Control Committee published figures on the number of drug addicts. The number of addicts in the whole province was 38,000. According to a number of surveys made in some parts of Yunnan, heroin addicts use the drug by smoking it with cigarettes, inhaling it into the lungs (chasing the dragon) or injecting it directly into the veins. In rural and remote mountainous areas, the addicts mainly use opium while in towns and cities, the addicts mainly use heroin. Current data show the following tendencies:

(i) In recent years there have been more and more young addicts, most of whom are under the age of twenty.

(ii) Addicts use a variety of drugs. In Yunnan province, addicts in towns and cities prefer intravenous use of heroin with valium and addicts in remote areas prefer using opium with pain killers.

(iii) Among the addicts the proportions of heroin users and intravenous users are growing.

(iv) AIDS is spreading more rapidly because of the increase in the number of intravenous users who share needles. In 1990, 428 cases of HIV+ were detected in Yunnan. In 1993, Yunnan Provincial Centre of AIDS Surveillance & Testing reported 976 cases of HIV+ in the province, two times the number of 1990.

(v) Drug-related social problems are on the increase. According to the surveys in some parts of the province, 53.1% to 82.2% of addicts have offended against the law. Drug-related crimes such as theft, robbery, prostitution and even murder have occurred from time to time.

At present in Yunnan, drug addicts and high-risk people are mainly found in the following social groups:

(i) Owners of private businesses and their relatives.

(ii) Urban youths and teenagers, including those who are hunting jobs, those who have discontinued their school education, and those who have joined criminal gangs.

(iii) Employees of some occupations such as taxi drivers, truck drivers in south-western border areas, hydroelectric plant construction workers, miners and forest workers.

(iv) Peasants, especially those who live in remote mountainous areas and border areas.

(v) Those who have become addicted to certain medicines in their medical treatment.

2. HOW YUNNAN DEALS WITH THE DRUG SITUATION

Measures taken by the Yunnan government against the drug problem are:

2.1 Strengthening Legislation

In May 1991, the Standing Committee of Yunnan Provincial People's Congress passed the "Regulations of Yunnan Province Regarding the Prohibition Against Drugs". In August 1991, the government of Yunnan province issued an announcement about the prohibition against drugs. The Decision of the CNPC and the Regulations of Yunnan Province also contain provisions about the punishment of drug users: those who use illicit drugs and become addicted will be detained for up to 15 days by the public security organs or fined less than two thousand yuan or both, and their drugs and syringes for using the drugs will be confiscated. Moreover, drug addicts will be forced to receive detoxification and rehabilitation treatment and education. Those addicts who have had relapses after being detoxified may be forced to reform through labor and be detoxified at the same time.

2.2 Modernizing Equipment And Reinforcing The Anti-Drug Smuggling Force

In recent years, the Yunnan Organisation of Public Security and the Customs have improved their equipment and made progress in reinforcing and training the anti-drug-smuggling personnel and exchanging information. Owing to these effective measures, they have seized many transnational drug smugglers and cracked many cases of drug trafficking in large quantities.

2.3 Making All-Out Efforts To Reduce The Demand For Narcotic Drugs

Since 1988, the Public Health Department of Yunnan has established 17 detoxification centers in Yunnan. Seventy four (74) compulsory detoxification centers have been set up by the Public Security Department of Yunnan. However, it is a pity that we have lacked the models of rehabilitation, aftercare and prevention. Outreach programes have not been implemented.

In 1993, the Yunnan Institute of Drug Abuse was established. The institute is doing researches on the basis of Chinese realities to find practicable methods of detoxification, rehabilitation, aftercare and prevention. We hope that it can become a training institution for professionals on drug abuse prevention and treatment for Yunnan province and other provinces of China.

2.4 The Provincial Efforts To Reduce The Demand For Drugs

Since 1989, the Yunnan government has put a lot of manpower and money into publicity and education campaigns against drugs. The mass media is playing an important part in convincing the public of the necessity to prohibit drug abuse. On June 26 and October 26 every year, thousands of volunteers in various cities, towns and villages go to the streets to carry on a publicity campaign against drugs.

In 1991, the Ministry of Public Health and the ESCAP signed an agreement on a three-year community-based project for drug demand reduction in four villages in Ruili of Yunnan province on the Sino-Myanmar border. Now three years have passed and the project has achieved the desired results. In 1993, the Chinese government, the Myanmar government, UNDCP and ESCAP signed an agreement on a project for drug demand reduction in the border areas between China and Myanmar. The project is now in steady progress in Yunnan under the leadership of the National Narcotics Control Commission.

2.5 Community Effort To Reduce The Demand For Drugs

In 1992, the State Education Commission published brochures on drug abuse prevention and put them in trial use in middle schools all over the country. The result is good. In some parts and cities where the drug problem is very serious, government institutions, factories, mines, schools, residents' committees and villages have formed drug prevention organizations based on the community. But these organizations face some difficulties such as lack of professional knowledge and skills. They need training and experience. To solve the problem, the Yunnan Institute of Drug Abuse is carrying out a school-based drug demand reduction and HIV/AIDS prevention pilot project in Kunming No. 3 Middle School Affiliated with the Railroad Administration and the Yunnan Institute of Finance and Trade in the hope of finding a model for other communities.

3. CONCLUSION AND SUGGESTIONS

The Yunnan government has put forth great efforts in reducing drug supply and demand and has made progress in this field. Community-based drug demand reduction projects in some areas of the country have achieved some success and gained experience. But much remain to be done. Yunnan as a whole still lacks drug prevention theory and experience and skilled prevention workers. In this situation, we put forward the following suggestions:

(i) Promoting cooperation among different branches of learning for the purpose of drug demand reduction.

(ii) Setting up a drug demand reduction office in the Yunnan Provincial Narcotics Control Committee in all countries in order to coordinate their work.

(iii) Establishing a drug prevention training network in the province.

  (a) Trainers at the provincial level can be trained in foreign countries or in China by in-house trainers at country level.

  (b) Trainers at the county level should be trained by the trainers at the provincial level and be responsible for training trainers at the community level.

(iv) Using the experience of a few experimental places to promote the work of drug demand reduction in all places. Relying on trained prevention workers, the government departments at all levels and experts of different disciplines should launch pilot projects on drug demand reduction in rural villages, urban residential areas, schools and factories and then spread the experience and methods of the pilot projects to other places.

PREVENTION OF DRUG ABUSE AND HIV/AIDS IN A COLLEGE IN KUNMING, YUNNAN

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ABSTRACT

This paper is a report on the research project "Prevention of Drug Abuse and HIV/AIDS" which was conducted in one of the colleges in Kunming City, Yunnan Province. Fifty three (53) students volunteered to participate as subjects in the of prevention programme. The main tool used for this project was Personal and Social Skills Training. Our supplementary tools included Information Dissemination and Resistance Skills Training. Our research results show that the subjects were able to increase their knowledge of drug abuse and HIV/AIDS through participation in the prevention activities as they made obvious progress in improving their personal and social skills subsequently. But, to our dissatisfaction, this kind of prevention activities did not change their negative attitudes towards substance abuse and HIV/AIDS. The research puts forth constructive suggestions for school-based prevention in the future.

1. SCHOOL-BASED DRUG ABUSE HIV / AIDS PREVENTION

The treatment of drug abuse problems have proven to be both difficult and expensive. Even the most effective treatment modalities typically produce only modest results, and treatment gains are often lost due to high rates of recidivism.[1] Therefore, how to use prevention to reduce drug demand becomes very important. Community-based as well as school-based prevention of drug abuse and HIV/AIDS is believed to be one of the most effective prevention methods today.[1, 2] We had conducted community-based prevention projects in the rural areas of Ruili, Yunnan Province and have obtained encouraging results.[3] Over the last two years, we have carried out prevention activities in one of the colleges and in one of the middle schools in Kunming. The following is our research report on the college project.

2. METHODS

2.1. Overview Of Prevention Tools

Based on different prevention theories, five prevention tools are used most commonly used at the present.[1, 2, 4] They are as follows:

(a) Information Dissemination
(b) Effective Education
(c) Personal and Social Skills Training
(d) Resistance Skills
(e) Alternative Activities

Research shows that an effective prevention method should be comprehensive and the five tools mentioned above should support each other.[1]

2.2 Research Approach

For this research project we used Personal and Social Skills Training as the main tool supported by Information Dissemination and Resistance Skills Training. Activities involved participatory training that included role playing, situational model training and group discussions. It was our expectation that the goal of prevention of drug abuse and HIV / AIDS could be achieved as the participants increased their knowledge, changed their attitudes and skills through training.

2.3 Subjects Of Study

Out objects of study were 53 volunteers from Grade 93 of Yunnan Finance and Trade College. Among them 25 were male and 28 (52.8%) were female students.

2.4 Education Method

Before the start of the training we had the participants take a pre-test, a questionnaire we designed and after the training was completed the participants took a post-test. We evaluated our activities according to the results of both tests.

2.5 Curriculum Designing

Based on the result of the pre-test, we designed eight 90 minute classes. They are as follows:

(a) Drug abuse and its related problems
(b) HIV / AIDS and its related problems
(c) How to say "No" resolutely
(d) The cause and psychology of negative behavior
(e) How to make responsible decisions
(f) Skills in resisting peer pressure
(g) Interpersonal skills
(h) How to raise self-esteem

3. RESULTS

3.1 Change In The Students' Knowledge Of Drug Abuse After The Prevention Activities.

As shown in Table I, more than half or most of the study subjects had adequate knowledge of drug abuse. The prevention activities, however, made them more aware of drug abuse. For example, they gave more correct answers to "Yes" or "No" questions like "Smoking may result in high blood pressure", "Codeine is narcotic", etc.

3.2 Change In The Participants' Knowledge Of HIV Transmission After The Prevention Activities.

Though the students had good knowledge about how HIV spread (shown by the research in Table 2), they had vague conception of some of the non-transmission modes. For example, 79.2 percent students believed "Mosquito bites can spread HIV", though there was some change in this misconception after the prevention activities. In addition, 15.1 and 24.5 percent of students respectively had no doubt that HIV could also be spread by "living together" and "kissing".

3.3 Change In The Students' Attitudes Towards Some Behavior After The Prevention Activities.

Both the pre-test and post test (Table 3) show that the students had a positive attitude towards some questions. For example, 96.2 percent of students said "No" to "Legalization of drugs". About 80 percent of students disagreed with or opposed the argument that "Nothing can be done in this society without smoking and drinking". However, they have some negative attitudes too.

About 15 percent of students said "Yes" to "It matters little to use drug occasionally" and "I don't mind having sex relationship with several persons of the opposite sex if I can keep it a secret". Approximately there were 35 percent of students who disagreed with or opposed to "There should be a definite rule banning smoking on campus" and "There should be a definite rule banning drinking on campus". The prevention activities did not bring any noticeable change in these negative attitudes.

3.4 Change In The Students' Personal And Social Skills After The Prevention Activities

As shown in Table 4, the subjects of study made substantial improvement in their personal and social skills through the participatory training.

3.5 Students' Evaluation On The Prevention Activities

At the end of the prevention activities, the students gave their evaluation on the whole training process by filling out anonymously the questionnaire we designed. We handed out 52 copies and got back 49 valid ones. As shown in Table 5, most of the students (69.4 to 81.6 percent) considered the prevention activities as useful or very useful. About 10.2 to 18.4 percent students answered, "I don't know". Two to 10.2 percent students found these activities useless or absolutely useless.

4. DISCUSSION

Studies have shown that the prevention curriculum we designed can effectively improve students' knowledge of drug abuse and HIV / AIDS Rosenblitt and Nagey (1973) and others[1]. Our research shows that most subjects of the study have adequate knowledge of drug abuse and HIV / AIDS. The small proportion of students whose knowledge about drug abuse and HIV / AIDS was inadequate also made obvious progress in related knowledge through the prevention activities.

In another respect, some students had a vague concept of HIV spread. Though there was some change of view after the prevention activities, some students still have misconception. For example, after the prevention activities, 19.2 to 23.1 percent students still believe that HIV may spread through "living together" as well as "kissing". About 57.7 percent of students hold undoubtedly that "mosquito bites" are also one of the modes of HIV transmission. This result may be attributable to our topic on "HIV / AIDS and its related problems" which, while playing much importance on the modes of transmission ignores illustration of the non-modes of transmission.

Both pre-test and post-test show that most students have positive attitudes towards drug abuse and its related behavior. Some students, however have some uncommon views. Unfortunately, the prevention activities didn't bring any change in their attitudes. This result is identical with the researches conducted by Degnan (1972), Richardson (1972) and others[1]. We may thus conclude that because college students have a somewhat fixed world-view and set attitudes, short term intervention will have little effect on them. Besides, we were not experienced in designing the curriculum. As a result, our 8-class curriculum seemed inadequate.

This prevention activities played a very important role in helping the students develop their personal and social skills. The subjects of study who learned how to use condom correctly increased from the original 1.9 percent to the present 25 percent. Lower than what we had expected though, this increase was substantial progress. Through the training the students learned how to raise self-esteem, a skill known to only 28.3 percent students before and gained by 53.8 percent students after the prevention activities. The students who learned how to say "No" resolutely increased from the original 26.4 percent to the present 57.7 percent.

On the whole, the strategy of this prevention project is successful. There is agreeable consistency between the self-evaluation of the subjects of study and the evaluation of the researchers. We believe that Personal and Social Skills Training can increase students social competence as well as self-efficacy, which in turn, will enhance their ability to control the impulse to use drug. The tool of Information Dissemination itself has a strong and inevitable tendency to be dogmatic. It exerts a condescending relationship between the disseminator and the disseminatee. This relationship makes it difficult o disseminate information effectively as the students and young people tend to rely on the information from and the view of their peers. To improve this technique, we need to train volunteers among students so that they can serve as workers of peer education when they go back to their fellow students after the training. Follow-up of students to observe their long-term behavior after the prevention activities should also be part of the prevention strategy.

To include other relevant results of the researches we have conducted, we conclude that it is relatively easy to help subjects to obtain knowledge of drug abuse and HIV / AIDS through prevention activities. Studies show that more middle school students than adults changed their unhealthy behavior through prevention[3, 5]. We therefore suggest that different prevention classes be designed and conducted for adolescents of different ages based on their physical and psychological development. The prevention of drug abuse and HIV / AIDS should begin with primary school students.

School-based prevention classes should be multi-dimensional to train students of different levels. Adolescents should be helped with their knowledge, attitudes and behavior so that they can make healthier development in their lives.

TABLE 1

CHANGE IN THE STUDENT'S KNOWLEDGE OF DRUG ABUSE AFTER THE PREVENTION ACTIVITIES

	Pre-test (N=53)		Post-test (N=52)		
	Yes	No	Yes	No	P
Opium is a narcotic	42	10	50	2	< .05
Morphine is a narcotic	44	7	50	2	> .05
Heroin is a narcotic	30	17	45	5	< .05
Pethidine is a narcotic	32	20	37	15	> .05
Codeine is a narcotic	19	30	30	22	< .05
Smoking may result in lung cancer	50	3	49	3	> .05
Smoking may result in high blood pressure	7	36	42	30	< .01
Smoking may result in chronical bronchitis	51	2	48	4	> .05
Alcohol may result in damage to N.S.	51	2	50	2	> .05
Alcohol may result in damage to D.S.	43	10	47	5	> .05
Alcohol may result in damage to liver	48	5	45	7	> .05
Alcohol may result in accidents	51	1	46	6	> .05
Drug by IV may result in HIV infection	47	6	47	5	> .05

TABLE 2

CHANGE IN THE STUDENT'S KNOWLEDGE OF HIV TRANSMISSION ABUSE AFTER THE PREVENTION ACTIVITIES

	Pre-test (N=53)		Post-test (N=52)		P
	Yes	No	Yes	No	
Drug by IV, share needles	52	1	49	3	> .05
Blood transfusion, use of blood product	51	2	50	2	> .05
Mother to baby	45	7	42	10	> .05
Intercourse	51	2	49	3	> .05
Kissing	13	34	12	38	> .05
Living together	8	44	10	42	> .05
Shaking hands	3	49	3	49	> .01
Mosquito bites	42	11	30	22	< .05
Homosexuality	49	4	49	3	> .05

TABLE 3

CHANGE IN THE STUDENT'S ATTITUDE TOWARDS SOME BEHAVIOUR AFTER THE PREVENTION ACTIVITIES

	Pre-test (N=53)		Post-test (N=52)		P
	Yes	No	Yes	No	
It matters little to use drugs occasionally	7	40	10	38	> .05
Condoms are necessary to prevent STD infection	14	13	19	18	> .05
I think I don't mind keeping sex relationship with several persons of the opposite sex	8	32	10	33	> .05
The solution of drug abuse is drug supply reduction	18	30	22	28	> .05
Legalization of drugs	0	51	2	49	> .05
Nothing can be done without smoking and drinking	8	41	7	41	> .05
Smoking should be banned on campus	32	21	33	9	> .05
Drinking alcohol should be banned on campus	34	19	35	17	< .05

TABLE 4

CHANGE IN THE STUDENT'S PERSONAL AND SOCIAL SKILLS AFTER THE PREVENTION ACTIVITIES

	Pre-test (N=53)		Post-test (N=52)		P
	Yes	No	Yes	No	
Interpersonal skills	47	3	48	8	> .05
How to raise self-esteem	15	36	38	23	< .05
How to say "No" resolutely	14	37	30	22	< .01
The way to use condom correctly	1	52	13	39	< .01

TABLE 5

STUDENTS' EVALUATION ON THE PREVENTION ACTIVITIES

Class activities	Very useful or useful	I don't know	Absolutely useless or useless
Drug abuse and its related problems	39	9	1
HIV / AIDS and its related problems	36	8	5
How to say "No" resolutely	39	7	3
The cause and psychology of a negative behavior	40	5	4
How to make responsible decisions	38	8	3
Skills in resisting peer pressure	34	9	4
Interpersonal skills	39	7	3

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AN EPIDEMIOLOGICAL STUDY ON THE FACTORS OF NON-DRUG ABUSE IN TWO CITIES OF INNER MONGLIA

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ABSTRACT

An anonymous multi-choice questionnaire survey on the reasons of non-drug abuse and the K A B (knowledge, attitude and behaviour) related to drugs was carried out among the high-risk population in two cities of Inner Mongolia. The results showed that the prevalence of abuse of non-narcotic analgesics in 758 respondents was 1.6%. The rate of non-drug abuse in this survey was 98.4%. The reasons of non-drug abuse were the recognition that drug abuse is an illegal behaviour (71.7%), it can cause serious consequences to the society, family and the individual. The results also showed that tobacco (42.2%) and alcohol (38.8%) were substances most frequently used. The main reasons for their usage were social intercourse, recreation, relieve worries, relieve tiredness and other's influence. The survey showed that knowledge of drug received from the mass media was helpful and efficient for the prevention of drug abuse.

1. INTRODUCTION

The drug problem in China reemerged in the 1980's, starting from Yunnan province neighboring to Myanmar and is now spreading to a number of provinces. The number of drug addicts has been increasing in the 1990s. According to the official reports, the number of drug addicts increased from 70,000 in 1990 to 380,000 in 1994. The epidemiological studies have shown that the drug addicts were distributed mainly within the age group of 20 - 40 years, and the majority of them were self-employed businessmen. It is interesting to note that once drug appears in the society and is being abused by the high-risk group in the population, what is the reason that many people in the high-risk group never use drugs. The purpose of the present survey is to try to explore the factors which play a role in influencing people in the group who never use drugs.

2. METHOD AND SUBJECT

This study was carried out in 2 cities of Inner Mongolia autonomous region predominantly among the self-employed businessmen. The total number of subjects was 758 with the age between 18 - 40 years old. The basic survey questionnaire consisted of 18 items designed to give information about the factors related to non-drug abuse and the K A B on drug and drug abuse. The objective of this portion of the survey was to provide basic information.

We added another questionnaire for the purpose of identifying the drug abuses and exploring the prevalence of drug abuse in this population.

The questionnaire was administered by trained persons from the Mental Health Center of Inner Mongolia and National Institute on Drug Dependence (NIDD) of Beijing Medical University (BMU).

The questionnaire requested their demography but no other identifying data (anonymous), thereby ensuring confidentiality.

We defined the term "drug abuse" as:

- any non-medical use of drugs;
- the use of prescribed or over-the-counter drugs in excess of the medical directions.

The various types of drugs and substances under survey were: opioids (heroin, opium, morphine, codeine and dihydroetorphine), cocaine, cannabis, sedative-hynotics, central stimulants, hallucinogens, non-narcotic analgesics, tobacco, alcohol and volatile organic solvents.

3. RESULTS

Table 1 shows the demographic characteristics of drug abusers and non-users. Among the respondents, 1.9% of them (15 in 773) did not answer the key question, so 758 were the number of subjects under investigation.

Table 2 shows the results of the use of various types of drugs including alcohol and tobacco. As indicated from the table, 12 in 758 subjects (1.6%) used non-narcotic analgesics in excess, and tobacco was the substance most frequently used among all subjects (320/758, 42.2%) followed by alcohol (256/758, 33.8%).

TABLE 1

DEMOGRAPHIC CHARACTERISTICS OF SAMPLE (N = 758)

Item	Drug Abuser (N = 12)		Non-Users (N = 746)	
	n	%	n	%
Sex				
Male	8	66.7	452	60.6
Female	4	33.3	294	39.4
Age (years)*				
18 - 25	0	0	283	37.9
26 - 30	3	25.0	184	24.7
31 - 35	3	25.0	148	19.8
36 - 40	6	50.0	131	17.6
Education				
Illiteracy	1	8.3	20	2.7
Primary school	0	0	66	8.8
Secondary school	11	91.7	522	70.0
Higher education	0	0	138	18.5
Occupation				
Employed (including self-employed)	8	66.7	618	82.8
Un-employed	4	33.3	72	9.7
House wife	0	0	19	2.5
Student	0	0	32	4.3
Others	0	0	5	0.7
Marital Status				
Single	0	0	297	39.8
Married	12	100.0	418	56.0
Divorced/separated	0	0	20	2.7
Others	0	0	11	1.5

* The average ages (x ± SD): Male 28.8 ± 6.1 years
Female 28.4 ± 6.1 years

TABLE 2

THE USE OF VARIOUS TYPES OF DRUGS OR SUBSTANCES

Type of substance abuse/use	Drug Abuser (N = 12)		Non-drug abusers (N = 746)	
	n	%	n	%
Opioids	0	0	0	0
Cocaine	0	0	0	0
Marijuana	0	0	0	0
Sedative-hypnotic	0	0	0	0
Hallucinogens	0	0	0	0
Non-narcotic analgesic APC	12	100.0	0	0
Alcohol	8	66.7	248	33.2
Tobacco	9	75.0	311	41.7
Solvents	0	0	0	0

It was found that 7.6% of the alcohol drinkers had ingested spirits at least half bottle daily, the majority of the rest took a drink only occasionally. Of the smokers, 7.7% smoked more than a pack daily, and either in alcohol or tobacco users the number of males was more than the females ($P < 0.001$). All the non-narcotic analgesics abusers took drugs for non-medical purpose at more than 20 days per month. The main reasons for alcohol / tobacco use in this survey are shown in Table 3. It was evident that the main reasons for their usage were social intercourse (48.8%), recreation (40.2%), relieve of worries (15.6%) relieve of tiredness (9.5%), influence of others (6.9%).

TABLE 3

THE REASONS FOR ALCOHOL / TOBACCO USE (N = 346)

Main reasons	Number	Percentage
Social intercourse	169	48.8
Recreaction	139	40.2
Worriment relieve	54	15.6
Tiredness relieve	33	9.5
Others' influence	24	6.9
Others	5	1.4

The results relating the K A B on drug among non-users indicated that 93.0% of respondents understood that abusing drugs is an illegal behaviour, 88.7 of them understood that drug abuse can induce addiction and life-threatening disorders, 91.0% of them understood that it can cause serious consequences to the society and family, and 84.5% of them knew the "Decision on Drug Control" promulgated by the Chinese National People's Congress in 1990.

The main sources of information concerning drug knowledge came from: mass media (87.0%), working place (14.7%), community (13.45%), school (11.1%), others (2.1%).

The reasons why non-users did not use drugs were as follows:

- recognizing that drug abuse is an illegal behaviour (71.7%),
- recognizing that it can cause serious social consequence (63.5%),
- recognizing that it can induce life - threatening disorders (61.8%),
- detesting such pattern of behaviour (50.0%),
- without the curiosity to try the drugs (27.2%),
- objection against drug abuse from parents / relatives (10.9%)

4. DISCUSSION

One of the important aspects in the fight against drug abuse is how to prevent the people from drug abuse, particularly the high-risk group in the population. Our survey have shown that education is a very important measure. Compared with the results of previous epidemiologic studies, there are differences between drug abusers and non-users. One of the differences is lack of basic knowledge on drug and drug abuse. Most drug abusers did not know the serious consequences caused by drug abuse to the society, family and the individual. Our survey shows that the education on drugs by the mass media offers a helpful and efficient measure for the prevention of intitial drug use by the adolescents and other high-risk population. The results reflect a growing awareness on drug abuse in recent years, 87% of non-users responding to the questionnaire that their drug knowledge has derived from mass media which is effective to reduce the incidence of drug abuse.

The survey also shows that tobacco was the substance most frequently used, indicating that attention must be paid to take measures for reducing tobacco smoking, because it can be the "gateway" to drug abuse, which has been proven in many countries. It should be pointed out that the present study is preliminary only. In order to fully understand the factors involved in non-drug use, more detailed and in-depth studies should be carried out in the future.

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DRUG USE RESILIENCY RESEARCH PROJECT REPORT ON A STUDY IN MALAYSIA

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1. BACKGROUND

During the meeting of the East Asian Multi-City Community Epidemiology Workgroup (AMCEWG) in Bangkok in March 1995, Malaysia and China agreed to carry out a short survey to find out reasons why young people do not use drugs. A questionnaire was devised during the meeting and it was agreed that findings will be shared in the next meeting of the AMCEWG.

The project was carried out between March and June 1995 in three separate areas in Malaysia, i.e. Jinjang (Kuala Lumpur), Kalumpang (Selangor) and Batang Berjuntai (Selangor). Interviews were conducted with the help of staff from the People's Voluntary Forces (RELA) who knew the areas well.

2. RESULTS AND DISCUSSION

2.1 Demographic Profile

Our teams interviewed a total of 218 persons. With reference to Table 1, the sample consisted of 129 males (59.2%) and 89 females (40.8%). The majority were between 15 and 19 years old (47.7%). The rest were between 20 - 29 years old (41.3%) or above 30 years old (11.1%). Most were single (89.0%) and the rest married. They lived mainly with their families or relatives (91.3%). Few lived alone (5.5%), in institutions (1.4%) or with their partners (1.8%).

Most of the respondents had more than 13 years of education (58.7%). The others (30.3%) who had completed primary and lower secondary schools had between 7 and 12 years of education. A minority (11.1%) had less than 6 years of education.

The largest group interviewed were students (40.8%). The others were employed, either in the private (34.9%) or government (2.75%) sectors. The self-employed made up 19.3%. Only three respondents (1.4%) reported were unemployed while two were housewives (0.9%).

2.2 Drug Use Profile

Forty-seven respondents (21.6% of 218 people surveyed) said that they have smoked tobacco while a slightly lower proportion (n = 41, 18.8%) of the total sample surveyed have also used alcohol. Only one reported having tried cannabis and two have tried drugs, mainly psychotropic pills.

(I) Tobacco And Alcohol

The profile of tobacco users was similar to that of alcohol users (Table 2). However, the proportion of female alcohol users was higher (31.7%) compared to that of male tobacco users (6.4%). The proportion of alcohol users (70.8%) with 13 or more years of education was also higher compared to that of tobacco users (34.1%).

Twenty-three out of the tobacco-using group (49%) said they smoked often or very often. Nineteen (40.4%) were smoking or had a cigarette sometime during the day of the interview. (See Table 3). While the majority (29.3%) who drank alcohol reported using alcohol at social occasions like parties and weddings, 24.4% said they often drink alcohol. It should be noted that out of the forty-seven people who used/tried tobacco, twenty-three have also used alcohol.

(ii) Cannabis

Only one respondent reported that he has tried cannabis before. He was a male student aged between 15 - 19 years old who had completed primary school level and living with his family. He said that he tried cannabis twice, the last time was within a month of the interview. He also reported that he drank alcohol on the same day (he drinks alcohol occasionally). He tried cannabis because he said it tasted different from cigarettes (he was a heavy smoker, smoking up to 20 cigarettes a day). He has not tried using other drugs because he says one can get AIDS from using drugs.

(iii) Drugs

Two people reported that they have tried drugs before. Respondent A was a female students aged between 15 - 19 years old who had completed upper secondary school level and lived with her family. She often drinks alcohol at weddings and celebrations as well as to alleviate tension. She was unable to say what type of drug she took. Respondent B was also female. She was between 20 - 29 years old and was working in the private sector after having had completed upper secondary school. She lived with a male partner. She smokes a pack of cigarettes a day and had a bottle of alcohol two days before the interview.

As a result of friends' influence, she has smoked and drank alcohol and even tried methaqualone (Mx) pills.

2.3 Reasons For Using Or Trying Tobacco And Alcohol

The group which have used tobacco and alcohol consisted largely of males aged between 20 and 29 years old with 13+ years of education and worked in the private sector. Most were single and lived with their families or relatives.

Smoking or drinking for social reasons was most often quoted by the respondents and common for all three age groups. However, there were slight variations with age. Doing it for fun or enjoyment was the second most frequent reason quoted and was shared by the two age groups of 15 - 19 and 20 - 29 but not the 30+.

The 20 - 29 age group and the 30+ age group share the following reasons - they get satisfaction from smoking or drinking, they have become used to it. Two people said that drinking alcohol was good for health.

Only respondents from the 15 - 19 group said they smoked/drank due to boredom or because it is something different. One said that it's not that dangerous and another did it to relieve tension. Reasons unique to the 20 - 29 year old were that they smoked/drank because they don't have any other hobbies or due to friends or family influence. One said that it was a new experience and another said it helped him to think.

2.4 Reasons For Not Trying / Using Drugs

The reasons given for not trying drugs were mainly related to the consequence of drug use/abuse. The most frequent reasons quoted was that drugs were dangerous and unhealthy (it can cause diseases). Respondents also said that drugs can kill or cause AIDS and that they have avoided trying it because they value life and `they do not want to die early. Others say they have not tried drugs for fear of getting addicted. Frequencies of responses are detailed in Table 4.

A small number of respondents perceived drugs as a threat to the nation, in general (in terms of security, economy and harmony), and the family unit, in particular. Responsibility toward the family and a respect of the family elders' wishes were also quoted as reasons for not trying drugs.

Other reasons for not trying drugs included the illegal nature of drugs and the perception that drugs were `dirty' and `a bad thing to do'. A few said that they were too scared to try

while others say that drug addiction was a shameful habit and that they were not interested in trying drugs.

Some respondents said that they have never seen drugs and that drugs were simply not available in their area or part of their life. One said that he did not even know what drugs were and another respondent from the 15 - 19 age group said that he has not had the chance to try drugs yet.

(I) Variation With Age

The common reasons for not trying drugs in all three age groups was fear of the consequences of drug abuse i.e. drugs were dangerous, can kill/cause AIDS, unhealthy and illegal. Another common reason for the three groups was that they do not mix with bad company/other people who were addicted/use drugs.

Reasons common to the 15 - 19 year olds and 20 - 29 year olds are as follows:

(a) They hate drugs
(b) They can't find drugs in their area / they have never seen drugs
(c) Drugs were expensive / cost too much money
(d) Drugs can destroy your life / future
(e) They were advised not to try drugs by their family / teachers / elders
(f) Too scared to try / not interested to try

Both the 15 - 19 years olds and 30+ year olds said that they have not tried drugs because no drugs were available in the area and drugs were of no benefit to them. The 20 - 29 age group and the 30+ share the common reason that they don't want to get addicted and that they have the willpower / self-discipline to stay away from drugs.

Reasons unique to 15 - 19 years olds were that drugs can destroy the nation and the family. One respondent said he did not want to become `useless' and another stated family objections as a reason not to try drugs. They also stated that drugs were not part of their life and that they value life too much to even try drugs. Drugs were also perceived as poisons by this group and that drug addiction was something bad to do. However the responses like not knowing what drugs were and not having the opportunity to try drugs yet have also come from this age group.

Reasons like shame and having the experience of seeing what drug abuse has done to someone they know were unique to the 20 - 29 age group. The 30+ age group stated unique reasons like drugs were `dirty', wanting to stay healthy and having family responsibilities.

2.5 Why Do Those People Who Have Used / Tried Tobacco And Alcohol Not Go On Further To Try Drugs

While many have smoked tobacco or drank alcohol, these respondents have not tried drugs because they fear the consequences. They said that drugs were dangerous, can cause AIDS and kill and that they do not want to die early. Drug abuse was seen to be unhealthy and can destroy their future / life. They do not want to get addicted or be useless to the family / society. Not mixing with bad company was another reason for not trying drugs. Although some said they have not tried drugs because they have never seen it or found it, others say they hate drugs and were not interested in trying. Others see drugs as simply having no benefit to them.

3. CONCLUSIONS

It appears that the main reason people have not tried drugs was because they fear the consequences. This observation may indicate that direct "hard-sell" messages sometimes used in drug prevention campaigns has, to some extent, had an effect on the public. People continue to use or try tobacco and alcohol because it was socially acceptable and `fun'. From the responses received from this group, it may be concluded that the public perceived that drugs were much more dangerous than tobacco and alcohol.

TABLE 1

DEMOGRAPHIC PROFILE

		f (n 28)	%
Sex	Male Female	129 89	59.2 40.8
Age	15 - 19 years 20 - 29 years 30 + years	104 90 24	47.7 41.3 11.3
Marital Status	Single Married	194 24	89.0 11.0
Education	0 years 1 - 6 years 7 - 12 years 13 + years	6 18 66 129	2.8 8.3 30.3 58.7
Occupation	Government sector Self-employed Private sector Housewife Unemployed Students	6 42 76 2 3 89	2.8 19.3 34.9 0.9 1.4 40.8
Living Arrangement	Alone With family/relatives In institutions With male partner With female partner	12 199 3 2 2	5.5 91.3 1.4 0.9 0.9

TABLE 2

PROFILE OF TOBACCO AND ALCOHOL USERS

		Tobacco (n = 47)		Alcohol (n = 41)	
		f	%	f	%
Sex	Male Female	44 3	93.6 6.4	28 13	68.3 31.7
Age	15 - 19 years 20 - 29 years 30 + years	16 26 5	34.0 55.3 10.6	13 23 5	31.7 56.1 12.2
Marital Status	Single Married	38 9	80.9 19.1	32 9	78 22
Education	0 years 1 - 6 years 7 - 12 years 13 + years	4 12 15 16	8.5 25.5 31.9 34.1	1 7 4 29	2.4 17.1 9.8 70.8
Occupation	Government sector Self-employed Private sector Housewife Unemployed Students	1 14 18 0 1 13	2.1 29.8 38.3 0 2.1 27.7	1 5 21 1 1 12	2.4 12.2 51.2 2.4 2.4 29.3
Living Arrangement	Alone With family/relatives With partner	4 41 2	8.5 87.2 4.2	5 33 3	12.2 80.5 7.3

TABLE 3

FREQUENCY AND LAST TIME TOBACCO OR ALCOHOL WAS USED

		Tobacco (n = 47)		Alcohol (n = 41)	
		f	%	f	%
Frequency of Use	Very often	13	27.7	3	7.3
	Often	10	21.3	3	24.4
	Sometimes	6	12.8	10	29.3
	Seldom	7	14.9	12	14.6
	Very Seldom	3	6.4	6	17.1
	Missing	8		7	
Last Time Substance was Used	Today (day of interview)	19	40.4	2	4.9
	This week	4	8.5	10	24.4
	This month	1	2.1	1	2.4
	This year	0	0.0	3	7.3
	< 5 years ago	3	6.4	0	0.0
	> 5 years ago	1	2.1	0	0.0
	Can't remember	1	2.1	9	21.9
	Missing	18		16	

TABLE 4

REASONS FOR NOT TRYING DRUGS

Reasons for Not Trying Drugs	Age Group			f*	%
	15 - 19	20 - 29	30 +		
Drugs are dangerous	x	x	x	83	30.6
Drug addiction is unhealthy / can cause diseases / is bad for you / I want to stay healthy	x	x	x	44	16.2
Drugs can kill you / I don't want to die early	x	x	x	33	12.2
I know the consequences of drug abuse	x	x	x	16	5.9
I can't find it / have never seen it	x	x		7	2.6
Drugs are not available in my area	x		x	3	1.1
Drugs are of no benefit to me	x		x	9	3.3
Drugs can destroy your future / life	x	x		9	3.3
Drugs are expensive / cost too much / a waste of money	x	x		8	2.9
I hate drugs	x	x		8	2.9
I am to scared to try	x	x		7	2.6

* f: Number of times reasons was quoted

TABLE 4 - CONTINUED

Reasons for Not Trying Drugs	Age Group			f*	%
	15 - 19	20 - 29	30 +		
Drugs can cause addiction / I don't to want to get addicted		x	x	5	1.8
Drugs are illegal	x	x	x	5	1.8
I don't mix with bad company / addicts	x	x	x	4	1.5
I have (family) responsibilities			x	1	0.4
I have the willpower / self - discipline to avoid drugs		x	x	3	1.1
I have no interest in trying drugs	x	x		4	1.5
Drugs can cause AIDS	x	x	x	3	1.1
Drugs are our enemy / it destroys the nation (security, economy and harmony)	x			3	1.1
Drug addiction is a bad thing to do	x			2	0.7
Drugs are not part of my life and I value my life too much to try it	x			2	0.7
Drug addiction is shameful		x		2	0.7
I was advices not to try drugs	x	x		2	0.7

* f: Number of times reasons was quoted

TABLE 4 - CONTINUED

Reasons for Not Trying Drugs	Age Group			f*	%
	15 - 19	20 - 29	30 +		
Drugs are dirty		x		1	0.4
I haven't had a chance to try it yet	x			1	0.4
Drugs are poisons	x			1	0.4
I have seen what drugs can do to you / someone I know	x			1	0.4
I don't want to become useless	x			1	0.4
I don't know what drugs are	x			1	0.4
Drugs can destroy the family	x			1	04
My family will object if I try drugs	x			1	0.4

* f: Number of times reasons was quoted

HIV-RISK DRUG TAKING AND SEXUAL PRACTICES AMONG FILIPINO FEMALE COMMERCIAL SEX WORKERS
A RESEARCH STUDY

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1. BACKGROUND INFORMATION

The study aimed to determine the pattern of high-risk behaviours for human immunodeficiency (HIV) infection among female commercial sex workers in Manila, Philippines.

The survey method using structured interview technique was employed to gather the data. A total of fifty-seven (57) sex workers served as respondents in the study. The snowball sampling technique was used in the selection of respondents. The sex workers were sought in various 'red light' areas in the metropolis. They included street prostitutes, and those working in establishments serving as fronts of prostitution such as night clubs and massage clinics. The study was conducted from May to July 1995.

2. PROFILE OF RESPONDENTS

2.1 Age And Civil Status

The respondents' age ranged from 16 to 46 years old. The mean age is around 23 while the mode is 19. The 15 - 19 age bracket, comprised the biggest group, with a little less than thirty-seven percent (36.8%) of the respondents. They were followed by the 20 - 24 age group with about twenty-eight percent (28.1%) and 25 - 29 group, with twenty-three percent (22.8%). Those above 30 years of age comprised twelve percent (12.3%). It may be noted, that most of the respondents were young. As we all know, in the sex industry, the younger the sex worker, the better.

A large percentage (71.9%) were unmarried. There was an equal number of separated / divorced and married respondents both (20.5%). Live-in relationship accounted for seven percent (7.02%).

2.2 Occupation

Four out of ten (40.4%) were full-time prostitutes. Dancer-entertainers comprised a little less than twenty percent (19.3%). Usually, they are taken out of the night clubs by their customers after the show, and after paying the barfine to the club manager.

Among the part-time prostitutes, exactly fourteen percent (14.0%) were sauna bath or massage clinic attendants. Many of these kind of establishments still serve as fronts for prostitution. After the massage and for a fee, the customers may choose from a number of different sex services.

The club receptionists or guest relations officers were arround nine percent (8.8%). These girls, join the customers in the table and engage them in a lively conversation while having their drinks. Many of them may also be taken out by their customers for a fee.

There were also students (5.3%) among the respondents who claimed they were in the sex business to support their studies. Perhaps, because of insufficient salary, some housemaids (3.5%) and waitresses (3.5%) are also into prostitution.

2.3 Living Arrangement

Around one-half (40.9%) of the respondents live with their co-workers. Those living alone and those with no permanent address, comprised twenty-one percent (21.1%) and three and a half percent (3.5%), respectively. Respondents who were living with their families or relatives accounted for only twenty-one percent (21.1%). This may be due to the fact that in the Philippines , just like in any other society, prostitutes are usually treated with disdain by their relatives.

2.4 Years Of Education

Majority of the respondents (54.4%) had 7 - 12 years of education. About thirty-nine percent (38.6%) finished 1 - 6 years of education. Those who have no formal education at all constituted about five percent (5.3%).

2.5 Drug Use Among Respondents

More than half of respondents (57.9%) admitted abusing drugs. Thirty-two percent (31.6%) denied abusing drugs while ten and a half percent (10.5%) neither admitted nor denied abusing drugs.

Among the respondents who were using drugs, alcohol was the leading substance of abuse (39.4%), followed by amphetamine (33.33%) and tranquilizers (30.3%), respectively. Abuse of these sleep altering drugs among the sex workers is not surprising, since they work at night and have irregular sleeping habits. Cannabis was abused by twenty-four percent (24.2%), solvents (18.2%), cough syrups (9.1%) and hallucinogens (9.1%).

There were also abuse of injectables such as morphine (6.1%), heroin (3.0%) and other opiates (3.0%). Twelve percent (12.1%) did not specify their drugs of abuse.

2.6 Reasons For Taking Drugs

Considering the emotional trauma and social stigma attached to prostitution, fifty-eight percent (57.6%) indicated they abused drugs to forget their problems and to relax. Fifteen percent (15.2%) said they needed it to be able to accept the ugly reality that they are in.

Thirty-three percent (33.33%) cliamed they used drugs to gain confidence, and be able to perform well in their job. A related response, to be active, alert and stay awake was cited by fifteen percent (15.2%) of the respondents.

Peer influence and curiosity amounted for eighteen percent (18.2%) and fifteen percent (15.2%) respectively.

2.7 Drug Injection

Out of thirty-three respondents who indicated taking drugs, only five admitted injecting drugs. Two injected morphine, one injected heroin, another used Sosegon. One intravenous drug user (IDU) did not specify the drug injected.

2.8 Frequency And Duration Of Drug Injection

Two IDUs inject drugs on a weekly basis. The other two on a daily and monthly basis, respectively. Again, one did not specify his frequency of drug injection.

Three respondents have been injecting drugs for 5 months, one year and three years, respectively. Two did not specify.

2.9 Needle Sharing

Two were sharing needles while another two said they do not. Number of persons sharing were from two (2) to four (4) persons. One IDU cleaned the needle by using cotton with alcohol. The other one, disinfected the needle by using boiling water mixed with alcohol.

2.10 Sexual Practice

The number of sexual partners per day ranged from one (1) to eight (8). The average number is three (3).

Seventy-two percent (71.9%) require their customers to use condoms. Fourteen percent (14%) said `they do not'. Nearly nine percent (8.77%) answered "sometimes".

Based on the respondents who do not require their customers to use condoms, it was found that an average number of four (4) out of ten (10) customers were using condoms without being told to do so.

According to those who require their customers to use condom, an average number of six (6) out of ten (10) customers comply.

What do they do if customers don't agree to use condom? The plurality (43.9%) would allow customers to have sex with them. Only twelve percent (12.3%) would refuse to have sex. Ten and a half percent (10.5%) said it depends on the price and that customers should give higher pay.

All of the respondents (100%) adopt the normal or vaginal method of sexual intercourse. Thirty-five percent (35.1%) resort to oral sex, while seven percent (7.0%) engage in anal intercourse.

2.11 Knowledge About HIV Transmission

All except one respondent claimed to know how the HIV is transmitted. Majority (93%) said it is through sexual intercourse. Twenty-one percent (21.1%) stated it is by using contaminated needles, while seventeen and a half percent (17.5%) pointed to blood transfusion. Other modes of HIV transmission cited were maternal transmission, contact with open wounds, by kissing, breast feeding and by inheritance.

3. CONCLUSIONS

3.1 Prevalence of drug injection among Filipino female commercial sex workers is relatively low. Risk of HIV transmission therefore through the use of contaminated needles is correspondingly low.

3.2 However, the following findings seem to suggest that Filipino female sex workers have a high risk of getting HIV through sexual intercourse.

(i) Average number of their sexual partner per day is three (3).

(ii) Fourteen percent (14%) do not require their customer to use condom.

(iii) On the average, only six (6) out of ten (10) customers who are required by the sex workers to use condom comply to do so.

(iv) Sex workers who require their customers to use condom would accede to have sex if the latter refuse to wear condom. Another twelve percent (12.2%) would just ask for a higher fee for a sexual intercourse sans condom.

(v) Anal sex is resorted to by seven percent (7%) of the respondents.

HIV-RISK, DRUG TAKING AND SEXUAL PRACTICES AMONG THAI FEMALE COMMERCIAL SEX WORKERS

PANPORN LIEWTIWONG

1. THE SEXUAL SERVICES SITUATION IN THAILAND

The sexual services has been available in the country for over hundreds of years. Although Thailand has promulgated the Suppression of Prostitute Act B.E. 2503 (1960) since we initially started the National Economic and Social Development Plan, the problem of illegal sexual service could not be reduced but has become more serious. Besides, the patterns or methods of the illegal sexual services has always been developed. The number of prostitutes in Thailand were estimated at 2,000,000 persons, of which about 100,000 were young prostitutes. The underground revolving fund for this illegal business is about 10,000,000,000 baht (400,000,000 US$) each year.

Several studies on the problem of prostitution or sexual services have shown that prostitution resulted from our fast economic growth. Our national development has greater emphasis on economic development and this has resulted in social problems. Moreover, in Thai culture, there is a high level of sexual discrimination. This, therefore, leads to an occurrence of a disadvantaged group of people who have to depend on prostitution for their survival. The recent promotion on tourism also led to the influx of nearly 10 million tourists into Thailand.

At present, sexual services has been illegally provided and various and complicated types have been developed, in order to attract tourists or to avoid arrest. The types of sexual services in Thailand can be classified as follows:

- Brothel
- Tea House
- Bee Bar
- Hotel
- Night Club
- Round Dancing Bar
- Go-Go Bar
- Restaurant
- Cafe
- Pub
- Traditional Massage Parlor
- Barber Shop
- Discotheque

- Coffee Shop
- Cocktail Lounge
- Massage Parlor
- Beauty Salons
- Call girl
- Others

The problem of prostitution also correlates with other problems such as AIDS and drugs. Commercial sex workers are more prone to such diseases because places where this business takes place are meeting points of various types of people.

2. POPULATION AND METHODOLOGY OF STUDY

The study on sexual services is a sensitive matter. Methodology of study should be adapted from common study or research. Normal questionnaires cannot be distributed to our target subjects. Qualitative research has been used such as making friends with the subjects and informing them of the purpose of collecting data and seeking their conscent to be interviewed. Three areas were selected for this study:

(i) Collecting 10 subjects from 1 brothel and 1 karaoke bar in Bangkok Metropolis which has the most population and rapid economic growth in the country.

(ii) Collecting 21 subjects from 1 cocktail lounge, 2 beer bars, 1 karaoke bar, 1 brothel and 1 discotheque from Khoon Kaen province located in the northeast of Thailand which is also the centre of northeastern.

(iii) Collecting 2 subjects from 2 beer bars in Pattaya, Chonburi province located in the east of Thailand which has beautiful beaches and is a famous tourist spot.

There are a total of 33 study subjects from the 3 provinces. The target population is divided into 5 groups:

(i) Beer Bar
(ii) Discotheque
(iii) Brothel
(iv) Cocktail Lounge
(v) Karaoke

3. SEXUAL ENTERTAINMENT PLACE

3.1 Brothel

This place provides sexual activities illegally. There are many prostitutes for the customers. The room will be prepared for the customers. The service hours are from 12.00 noon and the rate of charge can be classsified as follows:

(i) Temporary - The service charge is about 300 - 500 baht/45 minutes.

(ii) Over night - The service charge is about 600 - 1,000 baht/midnight to 12.00 noon.

3.2 Karaoke Bar

An entertainment place, furnished with high technology to serve customers such as music, video or musical movie where customers can select songs which are already prepared. There are two types of service girls:

(i) Receptionists - Women who are the entertainers and the customers have to pay 100 - 150 baht (for one drink) per 45 minutes. If the customers want sexual services, it depends on their negotiation.

(ii) Bar Girls - Women who provided entertainment to the customers such as singing, talking as well as sex relations. Customers have to pay 1,000 - 1,800 baht to the owner of the bar for sexual relations.

3.3 Cocktail Lounge

A place for music, food, beverages as well as female sex workers. Customers have to pay 80 - 120 baht per drink. If the customers want to have sexual services they would have to pay 1,000 - 2,000 baht to the owner of the cocktail lounge for this service.

3.4 Discotheque

An entertainment place with music, dancing floor and the waitresses which are attraction factors. If the customers want to have sexual relations with the waitress, it depends on their negotiation after her working time.

3.5 Beer Bar

A kind of entertainment place which offers only beverages as well as female sex worker shows such as seductive shows and sex shows, etc. After the show, they can drink and have special sexual services with the customers depending on their negotiation. Apart from this, there are receptionists, if the customers want to have sexual relations with them it depends on their negotiation after their working time.

4. EXPLORATORY STUDY RESULTS

This exploratory study on "HIV-risk, drug taking and sexual practices among female commercial sex workers" was conducted by interviewing, 33 female commercial sex workers in 3 major provinces in Thailand namely, Khonkean, Chonburi and Bangkok. The results are as follows:

TABLE 1

DEMOGRAPHIC DATA

Variable	No. of Cases	Percentage
Age (years)		
Under 21	4	12.1
21 - 25	20	60.6
26 - 30	7	21.2
31 - 35	1	3.0
36 - 40	-	-
41 - 45	-	-
Over 45	1	3.0
Total	33	100.0
Marital Status		
Single/Never Married	22	66.6
Separated/Divorced	6	18.2
Married	-	-
Widowed	5	15.2
Total	33	100.0
Working Place		
Beer Bar	6	18.2
Brothel	6	18.2
Cocktail Lounge	10	30.3
Karaoke Bar	10	30.3
Discotheque	1	3.0
Total	33	100.0
Present Living Arrangement		
Live Alone	10	30.3
Live with Family/Relative	6	18.2
Live with Partner	-	-
Live with Co-workers	18	54.5
Total	33	100.0
Years of Education		
0	-	-
1 - 6	15	45.5
7 - 12	15	45.5
13 up	3	9.0
Total	33	100.0

4.1 Age

It was found that most (60.0%) of the female commercial sex workers who were interviewed were between 21 - 25 years of age.

4.2 Marital Status

As for marital status, the study found out that 22 cases or 66.6% were single/never married, 18.2% were separated/divorced, and 15.2% were widowed.

4.3 Workplace

Considering occupations of the study subjects, we found that majority of them worked as waitressess, receptionists, prostitutes or partners. Their workplaces include beer bars, brothels, cocktail lounges, karaoke bars or discotheques. Most (30.3%) them worked in cocktail lounges or karaoke bars.

4.4 Present Living Arrangement

18 cases (54.5%) out of the total respondents lived with their co-workers, while 10 cases (30.3%) and 5 cases (15.2%) lived alone and lived with their families/relatives, respectively.

4.5 Years Of Education

From the study, we found that most of the respondents had 1 - 6 and 7 - 12 years of education or 45.5% each. Only 3 cases or 9% who had more than 12 years of education.

TABLE 2

DRUG TAKING PRACTICE

Variable	No. of Cases	Percentage
Drug Used		
Yes	20	60.6
No	13	39.4
Total	33	100.0
Number Drugs Used		
Only 1 type	3	15.0
2 types	6	30.0
3 types	9	45.0
More than 3 types	2	10.0
Total	33	100.0
Reasons for Taking Drugs		
To relief emotional and mental tension	13	65.5
Peer pressure/curiosity	3	15.0
Environment	4	20.0
Total	33	100.0

4.6 Drug Used

We have learnt from the study that there were 20 cases or 60.6% of the respondents who had used drug.

4.7 Pattern Of Drug Use

Out of 20 cases who used drug, we found that:

- 9 cases or 45% used a combination of 3 types of drug i.e. alcohol, cigarette and cannabis
- 6 cases or 30% used a combination of 2 types i.e. alcohol and cigarette, and alcohol and cannabis
- 3 cases used only one type
- 2 cases used more than 3 types (i.e. cigarette + alcohol + cannabis + others)

4.8 Reasons For Taking Drugs

Thirteen cases or 65% used drugs to relief their emotional/mental tension. Others used drugs because of the effect of their working environment (20%) and peer pressure (15%).

TABLE 3

NUMBER AND PERCENTAGE OF FEMALE COMMERCIAL SEX WORKERS CLASSIFIED BY TYPE OF DRUGS AND SEX-RELATED BUSINESS

Type of Drug	Sex-related Business					Total	Percentage
	Brothel	Cocktail Lounge	Karaoke Bar	Beer Bar	Disco-theque		
Heroin	-	-	1	-	-	1	1.9
Cannabis	1	4	7	-	1	13	24.5
Amphetamine	1	-	1	-	-	2	3.8
Volatile Substances	-	1	-	-	-	1	1.9
Tranquilizers	-	1	-	-	-	1	1.9
Alcohol	1	5	8	3	1	18	34.0
Cigarette	-	5	9	2	1	17	32.0
Total	3	16	26	5	3	53	100.0

4.9 Type Of Drugs Used

Considering types of drug used, we found that the 3 most commonly used drugs by 20 cases of these sex workers were alcohol 34%, cigarette 32% and cannabis 24.5%

Out of these 20 cases, there was only 1 case who tried injecting drug, but did not mention type of drug injected. She had injected once a week for the period of 2 months. However, she did not share needles with other persons.

TABLE 4

DRUG TAKING PRACTICE

Variable	No. of Cases	Percentage
Average Number of Customers per day		
1 - 2	19	56.7
3 - 5	12	36.4
More than 5	2	6.0
Total	33	100.0
Require customers to use condom		
Yes	28	84.8
No	5	15.2
Total	33	100.0
Number of customers agreed to use condoms		
All	27	96.4
Some	1	3.6
Total	28	100.0
Number of customers who used condoms without being requested		
All	3	60.0
No answer	2	40.0
Total	5	100.0

TABLE 4 - CONTINUED

Variable	No. of Cases	Percentage
Response to customers who refused to use condoms		
Refuse to have sex with customers	25	75.7
Try to explain/persuade/convince customers to use condoms	4	12.1
Agree to have sex with customer	2	6.1
No answer	2	6.1
Total	33	100.0
Methods of sexual practices		
Normal	22	66.7
Normal + Oral	10	30.3
Normal + Oral + Anal	1	3.0
Total	33	100.0
Knowledge about HIV's Transmission		
Yes	32	97.0
No	1	3.0
Total	33	100.0
Knowledge about how HIV is transmitted		
By sex	28	45.2
By injection	19	30.6
By blood	15	24.2
Total	28	100.0

4.10 Average Number Of Customers Per Day

According to the interview, 19 cases or 57.6% replied that they had provided services to 1 - 2 customers per day, while 12 cases or 36.4% provided services to 3 - 5 customers/day.

4.11 Require Customers To Use Condoms

In response to the question, whether commercial sex workers had ever tried asking their customers to use condoms, majority of them, 28 case (or 84.8%) said that they did. There were only 5 cases who failed to do so.

4.12 Number Of Customers Agreeing To Use Condoms

Out of 28 sex workers who asked their customers to use condoms before having sex, 27 cases or 96.4% said that all of their customers agreed to do so. Only 1 said that 4 out of 10 customers agreed to use condoms.

4.13 Number Of Customers Who Used Condoms Without Being Requested

Out of 5 sex workers who said that they did not ask their customers to use condoms, 3 cases said that their customers used condoms. The other 2 did not reply.

4.14 Response To Customers Who Refused To Use Condoms

Responsing to the question, what would they do if customers refuse to use condoms, 25 cases or 75.7% said they rejected those customers, while 4 cases tried to convince them to use condoms. Only 2 cases complied with their customers.

4.15 Methods Of Sexual Practices

Considering methods of sexual practices, it was found that most of the respondents, 22 cases (or 66.7%) practiced normal sexual method. Ten cases or 30.3% practiced both normal and oral methods. Only 1 case practiced normal, oral and anal methods.

4.16 Knowledge About HIV Transmission

Regarding sex workers' awareness of HIV transmission, 32 cases or 97% replied that they had some knowledge about it. Only 1 case did not know about it at all.

4.17 Knowledge About How HIV Is Transmitted

Among those who were aware of HIV's transmission, most of them or 87.5% knew that HIV was transmitted by sex relations, while 59.4% and 46% said that HIV was transmitted by injection and blood respectively.

DRUG USE AMONG THAI FISHERMEN

BACKGROUND

Up to the present time, the Thai fishery industry has shown a rapid growth in the structure of Thai exports. Frozen shrimp and canned seafood have been ranked among the 10 leading exports of Thailand since 1990.

Marine fishery and coastal aquaculture development required more than 300,000 men to work in the job which demanded hard work, is risky and boring too.

Risky ways of living, loneliness, boredom, hard and long periods of peer persuasion as well as the availability of drugs in the port area turned many young fishermen to became drugs users to get exciting experiences, eventually leading them to become hard core heroin addicts.

The importance of the fishing industry to the Thai economic system, the problem of widespread use of drugs among the fishermen and the emerging problems of HIV^+ turned our attention to this working group.

THE OBJECTIVES OF THE STUDY

- To examine the ways of living, working and the rest periods.
- To examine the knowledge and the attitude to drugs.
- To study the use of drugs among the fishermen.

In order to understand their behaviour on drugs, a study of the ways of living, working and the ways of spending their free time both on the out board should be done. In using drugs, we wondered if they knew about the dangers of drugs and how they reacted when their friends used them. Moreover, we would like to know what kinds of drugs they used, for what reasons and from where and how they received drugs.

THE SCOPE OF THE STUDY

- To study the use of drugs among fishermen in 24 provinces in the central and southern part of Thailand.
- To study the use of 7 kinds of drugs: opium, heroin, cannabis, amphetamine, seconal, kratom plant and solvents.

The fishermen in the study were selected at random from the sampling frame which covered the port areas of 24 provinces along the eastern and southern coast of Thailand where marine catch of fish was carried out. Multistage random sampling lead us to interview 389 fishermen in the central part and 476 in the southern part during 1992 - 93.

THE FINDINGS

TABLE 1

SOCIO-ECONOMIC BACKGROUND OF FISHERMEN (PERCENTAGE)

Background	Central	Southern
Age: 16 - 30 years	79.5	66.6
Buddhist	100.0	90.8
Primary Education	84.6	80.5
Place of Birth	(North Easthern) 53.5	(Coastal Area) 69.9
Single Status	69.9	66.2
Resident on Board	72.0	58.0
Captain Income / M	13,500 Baht	16,700 Baht
Worker Income / M	3,450 Baht	4,000 Baht

Way Of Working

- Flexible Working Condition
  - o Quantity of fish ice and gasoline
  - o Weather conditions-rough, stromy
- Duration on Board
  - o 8 - 14 days

Activities On Board During Rest Period

- Sleeping
- Reading (Cartoon, Magazine)
- Listening to music / singing
- Watching television

TABLE 2

ACTIVITIES DURING REST PERIOD

Activities	Central (N = 389)	Southern (N = 476)
Brothel	44.5	42.9
Theater	43.2	44.5
Drinking	19.8	58.6
Snooker Club	15.9	21.4
Watching Television		27.3
Home Visiting	10.3	51.0

TABLE 3

THE USE OF DRUGS (PERCENTAGE)

	Central (N = 389)	Southern (N = 476)
User	69.4	72.5
Non User	30.6	27.5

TABLE 4

DRUG USE AMONG FISHERMEN

Type	Central (N = 389)	Southern (N = 476)
Seconal	3.3	7.1
Opium	14.1	8.6
Heroin	11.8	12.6
Solvents	20.3	16.6
Kratom Plant	6.9	31.9
Amphetamine	32.4	38.9
Cannabis	53.2	50.2

TABLE 5

LAST WEEK USED (PERCENTAGE)

Type	Central (N = 389)	Southern (N = 476)
Solvents	11.4	13.4
Cannabis	11.1	13.4
Kratom Plant	11.1	22.4
Amphetamine	6.3	24.3
Opium		7.3
Heroin	4.3	18.3

First Use Of Drugs

Age : 16 - 20 years

Causes: Curiosity
- Opium
- Heroin
- Cannabis
- Seconal
- Solvents

Condition of Work
- Amphetamine

Initial Use Of Drugs - Received From

Friends:
- Opium
- Heroin
- Cannabis
- Kratom Plant
- Seconal
- Solvents

Employer: - Amphetamine

Buying: - Amphetamine

TABLE 6

FISHERMEN FUTURE USE OF DRUGS (THE EVER USED)

Type	Central (N = 389)	Southern (N = 476)
Solvents	7.6	3.8
Seconal	15.4	5.9
Opium	18.2	2.4
Heroin	13.0	18.3
Cannabis	19.8	16.7
Kratom Plant	18.5	25.0
Amphetamine	23.0	32.4

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